N. B.—WAITT, PEAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
County Washing Con	Registration Diet. No.
Village or City 10 ag systown	No. Ward Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 42-yss	
2. FULL NAME auros N. aa	amo
(a) Residence: No. S S H V I W	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White or Divorced (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LHEREBY CERTIFY, That Lettended deceased from
JESSI Il dans	8/13 ,1972,10 8/13 ,1932
6. DATE OF BIRTH (month, day, and year) Ofer 2 1890	I last saw he alive on 1/3 19-3 2 death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, a falfillin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
42 4 / or min.	were as follows:  Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPPER, etc.	acromifaly,
SAWYER, BODKKEEPER, etc.	
work wes done, as SILK MILL, / Evald Publed SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BODKKEPPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this years)  11. Total time (yeers) spent in this years)	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Po a 95 15 town	Probaby hugo cardific
(State or country)	7
14. BIRTHPLACE (city or town) Blacer Orell	
14. BIRTHPLACE (city or town) Selacer Greek	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME SELVEN WAS WASHER	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME SULVA WASHINGTON 16. BIRTHPLACE (city or town) BLANEN Green	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & SALL ACCIONO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) S S S S S S S S S S S S S S S S S S	Manner of injury
Place / Vallature Date 3/16, 1932	
19. UNDERTAKER BUS Suiter, & Sous,	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Hagelystown lud	If so, specify / ship & Wille A M. D.
20. FILED 8-14-, 132 Chast Bowers	(Signed) M. D.  (Address) Heggs storm Hed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EJEGAO V.			
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	ra,"
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis *	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOXESOVS		· · · · · · · · · · · · · · · · · · ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis.	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAN V.S		ę	3 3
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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Cerebral hemorrhage 1 5	July 5, 1927	Peritonitis	3 days ago
BUK OVS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 0913

1. PLACE OF DEATH		95-7
County Washing	Yon	Registration Dist. No. 302
Village or City X Q C LY	510007,	No. 1. E Texm: nal. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME YAYY	Beck	
(a) Residence: No. 632 Y	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	ч	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1011 1842	I last saw h alive on, 19; death is seld
7. AGE Yeers Months	Days If LESS	
60	1 day,	I HE EVINCILY CYONE OF DEVIL AND LEISTER CORNES OF HISPORTAINE
8. Trade, profession, or particular kind of work done, as SPINNER,	Barbar	
SAWYER, BOOKKEEPER, etc.	12ay bev	Stewn Scoutte
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
	11. Total time (years) spant in this occupation	N S.
year) 19.30	. 17	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	nightstown	
1 6 - 6	Seck	
13. NAME (See Secretary) 14. BIRTHPLACE (city or town) 14. G	MANIEV	Name of operation
(State or country)	Pa.	What test confirmed diagnosis? Was there an autopsy?
置 15. MAIDEN NAME CL ン ? n: 0		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME and " N. O	arown	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Pa	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sam	ledo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Your. Md	Manner of injury
Place Magarstown	Date Hug 20	932 Nature of injury
19. UNDERTAKER H. K. CUXXX	nau.	24. Was disease or injury in any way related to occupation of deceased?
(Address)	Loun. Tru	If so, specify A-7-f0
20. FILED 8-19-19326	Kast Downe	(Signed) Crocky of Inversely M. D.
	Regi	
If more	e blanks are needed address State R	evistrar, 2411 N. Charles Street Baltimore Requesting 91 S. No. 1

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS BY	PHYSICIAN
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Seprent V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			BE STATE OF

Registrar.

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPAitem of infor 1. PLACE OF DEATH plnods Registration Dist. vyashingson (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. PERMANENT RECORD. Every statement (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) classified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than 7. AGE Years Months Days I day:\_\_\_\_hrs.

HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc .... 9. industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) spent in this occupation \_. Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 0 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the lollowing: Accident, suicide, or homicida?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. INFORMANT (Address) 0 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify (Signed) Registrar. (Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
LUKEAU V.S.		*	
a set of the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requestion V. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. B	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-4	
ó	
No.	
vi	
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH U9184
1	. PLACE OF DEATH	183
	County Washington	Registration Dist. No. 304
	Village or City Clark Toucock	NoSt.,Ward
	(If Length of residence in Fifty or town where death occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number)  (ds.) How long in U.S. if of foreign birth?yrsmos ds
2	FULL NAME Plums & array	i OX
_	(/- (/ - (/ - (/ - (/ - (/ - (/ - (/ -	Sr. Q Ward.
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ja.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended doceased from
e F	DATE OF BIRTH (month, day, apolyest) au 12 1913	I last saw h. elive on
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.40 Pm.
	17 6 2,5 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
-	8. Trade, profession, or particular	Data of onset
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10 40
A A	9. Industry or business in which work was done, as SILK MILL,	Mravida.
OCCUPATION	SAW MILL, BANK, etc	
0	10. Date deceased last worked at this occupation emotioned year)	
10		Other Contributory Causes of Importance:
12.	(State or opuntry)	
E 25	13. NAME Tras Carbongh	
FAIHER	14. BIRTHPLACE (city or town)	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
7	15. MAIDEN NAME DUTY Deshoup	23. If death was due to exterpal causes (VIQL FNCE) fill in also the following:
OTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or hamicide. Accident, suicide, or hamicide.
Σ	(State or country)	Where did injury occur?
17.	INFORMANT & Reeles.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Haucock Mg.	0,107
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
-	Placed Mion Mafell " 4 Date 0 1 7 1037	Nature of injury
19.	UNDERTAKER Peulcus	24. Wes disease or injury in any way related to occupation of deceased? V. 1. D.
	(Address) Here Cocic his	If so, specify
20.	FILED 0/8 ,193276 Jeustin	(Signed) Y A M.
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis ~	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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OCCUPATION

item of infor-

plnods

OCCUPA-

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign hirth? where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3ASEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Meals (Month) (Year) 5a. If merried, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I ettended deceased 4 (or) WIFE of 1 Just saw h. S.c. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Oavs to have occurred on the date stated above, at 1 day, ...... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Date of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spant in this occupation ..... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town)

FATHER (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

OTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER (Address)

Registrar.

Manner of injury Nature of injury 24. Was disease or Injury In any way related to occupation of deceased

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

If so, specify (Signed)

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_

Where did injury occur? \_\_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

WRITE

CAUSE TION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	SEP 7 1022	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUVS	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

cause of merini by carefully supplied. AGE should be CAUSE OF MEATH in plain terms, so that it may be

properly classified.

## 09136 STATE OF MARYLAND-CERTIFICATE OF DEATH

(If death occurred in a hospit	Registration Dist. No. 36 2
Length of residence in city or town where death occurred yrs mos. ds. How long i	at or institution, give usivAlvic instead of street and number)
2 FILL MARK // and Co Co Co Co Co Co	in U.S. if of foreign birth?yrsmos
Zi FOLL NAME	
(a) Residence: No. St., Ware (Usual place of abode)	If nonresident give city or town and State
	CAL CERTIFICATE OF DEATH
Terrale Thile 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	EATH  (Month) /7 (Day) 193 (Year)
(Or) WIFE OF - Unknown ang	REBY CERTIFY. Thet I attended deceesed fr
6. DATE OF BIRTH (month, day, and year)	live on ang 17 / 19.32 death is s
7. AGE Years Months Days If LESS than to have occurred on the	e date stated ebove, at. 9. P. m. E OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, House Region October SAWYER, BOOKKEEPER, etc.	alcoholism
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	
12. BIRTHPLACE (city or town) Dearfield and Other Contributory Can (State or country) The Contributory Can	omplication
13. NAME Jacob. Swith	
14. BIRTHPLACE (city or town) Pleasant Cally Name of operation What test confirmed dia	agnosis? 60 C. Was there an autopsy?
15. MAIDEN NAME & allie Mersinger 23. If death was due to e	external causes (VIOLENCE) fill in also the following:
17. INFORMANT Sallie Smith Specify whether injury (Address) / Lagerslown ind 17. D.	(Specify city or town, county and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Settled Configure 19 th ,1932 Nature of injury	
	ry in any way related to occupation of deceased?
20. FILED 8-18, 132 Charles Social (Signed) (Address)	245n. Jonatha

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 69137
County Washington Village or City Hagestown (If	Registration Dist. No. 302  No. 49 Randolph ave St., 4 Ward ideath occurred in a hospital or institution, given to NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. moss ds.
2. FULL NAME Minnie (Language of abode)  (a) Residence: No. 49 Randolph ave (Usual place of abode)	0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grize the word)  Themale White Widowed	21. DATE OF DEATH  Que g. 20  (Month) (Day) (Year)
5a. If married, widowed, or divorced  HISPAND of (or) WIFE of albert  6. DATE OF BIRTH (month, day, and year)  1868	22. I HEREBY CERTIFY. That I attended deceased from, 19 , to, 19, 19; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or or min.	to have occurred on the date stated above, at 2 . A .m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Dur To Maturel
O 10. Date deceased last worked at 11. Total time (years)	Some for 100 hourst to the Could

Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) 13, NAME

What test confirmed diagnosis?.

23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury

If so, specify

(Signed)

No. z.

should state of OCCUPA-RECORD. Every PHYSICIANS statement Exact classified. certificate properly of back it may See instructions on so that in plain terms, carefully is very important. -WRITE PLAINLY mation shou CAUSE OF TION

FATHER

MOTHER

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town

(State or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION.

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.

Nature of injury.

See. B.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7 1977	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage A A T V. S.	July 5,1927	Peritonitis	3 days ago
1 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

-WRITE mation

FOR BINDING

MARGIN RESERVED

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	95-8
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No Washington County Home St & Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary C. Creps	
(a) Residence: No. Washington County Hom (Usual place of abode)	e St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Widow	21. DATE OF DEATH  August 10, 193 2  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of George Creps	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 19, 1873	I last saw Lev alive on Que 7.1. 1932 de ; death is said
7. AGE Years Months Days If LESS than 22 I day,hrs.	to have occurred on the date stated above, 11 P. m.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation (	were as follows:  Oate of onset  Sudden death - cause
9. Industry or business in which work was done, as SILK MILL,	unknown. 8/143.
SAW MILL, BANK, etc	Cholady due to heart disease.
12. BIRTHPLACE (city or town) Washington County	Other Contributory Causes of importance:
III.	- Undnown
i i	
(State of Country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Susan McAfee	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Susan McAfee  16. BIRTHPLACE (city or town) Frederick County  (Stata or country) Md.	Accident, suicide, or homicide?
17. INFORMANT Clyde Creps (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceHarbaugh Cemeterye Aug. 12.19.32	Nature of injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown W.	24. Was disease or injury in any way related to occupation of deceased?
20 51150 8-12- 152 lokust & Source	(Signed) M. D.
Registrar.	(Address) Nagesstown Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc... For a person who had no occupation whatever write none.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance was as follows:	Date of onset
Arteriosclerosis	1915	Attack A epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car O,	1 week ago
Cerebral hemorrhage	July 5,1927	Pertinuis	3 days ago
	,		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
//			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

rysi- Exact	PLACE OF
EX	County Wash
RD ACTLY, Rassified.	Village or City H3
EXA Fiy el	2FULL N
R RI ated	PERSONAL

3 SEX

7 AGE

male

DEATH nington

210-m

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME in number.)

Wash. Co. Hospital Austin Lee Delaughter AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWEDSINGLE OR DIVORCED white (Write the word 6 DATE OF BIRTH Jah

(Day) (Year) (Month) IIf LESS than

I day hrs. mos. 29 ds. or min.?

B OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

Maryland

10 NAME OF Austin Delaughter FATHER

Md

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 00 OF MOTHER

Florence Metz

13 BIRTHPLACE OF MOTHER (State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Austin Delaughter

Hagerstown Md. R. P.

MEDICAL CERTIFICATE OF DEATH

Aug. 16 DATE OF DEATH

(Day) (Month) HEREBY CERTIFY, That I artended the deceased from

and that death-occurred on the date stated above, at ....

The CAUSE OF BEATH \* was as follows:

Contributory Secondary

(Signed)

(Address)

tate the Disease Causing Death, or, in to Causes, state (1) Means of Injury and ental, Suicidal or Homicidal. (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place .....mos.... of death. Where was disesse contracted,

if not at place of death?..... Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Rest Haven Cem.

DATE OF BURIAL Aug. 25, 1932

20 UNDERTAKER

Albert

Leaf Williamsport

ADDRESS

nform 20

of

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Every CIANS statem

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid. etc. If the occupation has been changed or given up an account of the gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Foreman, For many occupations a single word or term on Form laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material For persons who have no occupation Locomolive engineer, 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. ..... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumoma (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of cdanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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<b>203</b>
>

County Washin	gton	Registration Dist. No. 303
Village or City LLQQ	- Mring M	(If death occurred in a hospital of institution, give its NAME instead of street and number
Length of residence in city or town	where death occurred E_yrs	mosds. How long in U.S. if ol loreign birth?yrsmos
2. FULL NAME & da	Missouri L	trou
(a) Residence: No. (Ch.	exten Mar Cla	Openisty Mara.
DEDCOMAL AND CT	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RA	TISTICAL PARTICULAR  CE S. SINGLE, MARRIED, WID	,
fruide roli	OR DIVORCED (write the	
/5a. If married, widowed, or divorced	Xa	22. I HEREBY CERTIFY. That I ettended/deceas
(A) WIFE of Charle	Deteron	Jug 12 , 19 8 2, 10 Jug 1 2th , 11
6. DATE OF BIRTH (month, day, and year	, Jan 78 h 86	I lest saw h & alive on area 17th, 1902, deat
7. AGE Years Mo		S than to have occurred on the date stated above, atm.
. 68 6	/ 3 or	
8. Trade, profession, or particular kind of work done, es SPINI SAWYER, BOOKKEEPER, etc.	ER, Alander	Pro The state of
	1,	" Margionary Mirculozes (
9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	· al House	
	Queal 4 11. Total time (years spent in this	<i> 5 </i>
year)	occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	andand	G. t.
1 11411 - 2	e i i i	Milionary Hacurrhay
E	- Med.	None of consider
14. BIRTHPLACE (city or town)		Name of operation
15. MAIDEN NAME Zouis	e Steffler	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Zours  16. BIRTHPLACE (city or town)	rud,	Accident, suicide, or homicide? Date of Injury1
≤ (State or country)		Where did injury occur?
17. INFORMANT Chas Dec (Address)	Rig Ohring ?	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place EST HAVE	N Date A.V. G. 1.7	, 19.3.2 Nature of Injury
19. UNDERTAKER A LBER	LEAF	24. Was disease or injury In eny way related to occupation of deceased?
(Address) W/L	- MARTORT	MP, If so, specify ————————————————————————————————————
20. FILED aug/6, 1932	a w. nama	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
/ 300						
- LAD	1					
Other contributory causes of importance: 8		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

BINDING

FOR

RESERVED

MARGIN

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71	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	(CT 6 1982)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
		12000 200		
Other contributory eauses	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				N.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Nashington	Registration Dist. No. 30 2
Village or City Secury, Yy.	No.# 6 SYREN Kows St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SY. 1 Barn Chill N	Veno Eyler
(a) Residence: Note to the Core of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  5a. If marriad, widowad, or divorced	21. DATE OF DEATH  (Month) (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Aug. 28 , 1932 to Aug. 28 , 1932
6. DATE OF BIRTH (month, day, and year) HI (1115 25-1432	I last saw h im aliva on Aug. 28, 1932; death is said
7. AGE Years Months Pays If LESS than 1 day, 1/2 hrs.	to have occurred on the data stated above, at 4:00 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Premature - 6 months Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	gestation.
9. Industry or business in which work was done as SI K MIII	
work was done, as SILK MILL, SAW MILL, BANK, etc	
Sport in this	
year) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) De Cll Y! TY (State or country)	
II 13. NAME TONDE LIVEY	
= 11/1	
[ 14. BIRTHPLACE (cily or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Nama of operation
	What test confirmed diagnosis? Was there an autopsy?
= 15. MAIDEN NAME FILL STY STY STY	23. If death was dua to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wilm Dy dy	Accident, suicida, or homicide?, 19, 19, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT SAN SULLY ITT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mil Date HU 27, 1932	Nature of injury
19. UNDERTAKER AK. COXX MAN FIT d.	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 8/29/ 1932 Chas ABoccock	(Signed) M. D.  (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULELAU V.S.				
2 F 900 100				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			*	

Lee	berth		te for a	leavar &	born alive	
			0		my	
		0				

V. S. No. 1 m ż of OCCUPA-

		F MAR	YLAND-	CERTIFICATE OF DEATH	9143
County Was  Village or City	hington	Wn.	IMITO OF	Registration Dist. No. 24  No. 124 W. Antietam St. st  f death occurred in a hospital or institution, give its NAME instead of street	O Z Ward
2. FULL NAME	Anna Fe	rmes	yrs,mos	t St., Ward.	mosds.
		(Usual place o	of abode)	If nonresident give city or town	
PERSONAL AN				MEDICAL CERTIFICATE OF DEAT	Н
Female Wh	nite	or Divorced Marr:	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  August 22,  (Month) (Oay)	, 193_2 • (Year)
5a. If married, widowed, or div HUSBANO of (or) WIFE of	Vincent 1	Fermes		22. June 20, 1921, to change 2	
6. DATE OF BIRTH (month, da	y, and year) Maj	rch 25,	1880	last saw hor alive on aug. 21, 195	
7. AGE Years 52	Months 4	0ays 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8: 15A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsets
8. Trade, profession, or pkind of work done SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mo	as SPINNER, PRINTER, EPER, etc		me (years) t in this	were as Mostic Contilis  acute Cordina Delitation	8-22-3
12. BIRTHPLACE (city or town (State or country)	Unkr Arizor	nown na	pation	Other Contributory Causes of importance:	
13. NAME Fred	erick Fra	ank		<u> </u>	
13. NAME Fred  14. BIRTHPLACE (city or to (State or country)	own) Unkr Germa			Name of operation Move Date What test confirmed diagnosis (A Caperague Was there	of an autopsy?
15. MAIDEN NAME A	melia And	drews		23. If death was due to external causes (VIOLENCE) fill in also the folio	
15. MAIDEN NAME Amelia Andrews 16. BIRTHPLACE (city or town) Hagerstown (State or country) Md.		Accident, suicide, or homicide?Oate of injury Where did injury occur?	, 19		
7. INFORMANT Vincent Fermes. (Address) Hagerstown, Md.		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) C PLACE.		
18. BURIAL, CREMATION, OR Place Hager	REMOVAL		25 ,132	Manner of injury	
19. UNOERTAKER Fred (Address) Hage	erstown,		11	24. Was disease or injury in any way related to occupation of deceased if so, specify	200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimofe Requesting U. S. No. 1.

Registrar.

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Example I	1		Example II	3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal confirmation of importance w	ause of death and related causes were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	8E6 4 1835	1 week ago
Chronic interstitial nephritis	1921	Run over by street	car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CENESTE	3 days ago
Other contributory causes of importance:		Other contribut	ory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN

V. S. No. 1 N. B.—

7 71

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09144
1. PLACE OF DEATH	(57)
county Washington	Registration Dist. No. 803
	Ana St., Ward Steath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 68 yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Catharine Brugde	Horsyth
(a) Residence: No. In dian Opring me	St., Ward.
(Usual place of abode) √	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3/SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Emale White Divorced (write the word)	(Mogrth) (Day) (Year)
5a. If married, widowed, or divorced HUSBANB of Gory WIFE of Peter From Il	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) influoron	I last saw h a alive on Staley 15% 1907 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	l last saw h alive on factory 19 1; death is said to have occurred on the date stated above, at 17 Pt. m.
63 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows: Oata of onset
8. Irade, profession, or particular kind of work done, as SPINNER House Kee fee	Arthritis Deforman 25 gran
9. Industry or business in which work was done, as SILK MILL, at love SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and year) 15 4 and 14 spant in this /5 occupation	Other Contributory Causes of importance to
12. BIRTHPLACE (city or town) Many Carel	In bed the last ryrars
13. NAME Trasfey brinder	
13. NAME Washey bright.  14. BIRTHPLACE (city or town). The d.	Name of operation Oate of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Catharine Phomaker	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Catharine Phormaker  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Stee Frongth, Big Pool Med,	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shanklow Date Oug 18, 1932	Nature of injury
19. UNDERTAKER Richard M. Comad (Address) Clearsking Mayland	24. Was disease or injury in any way related to occupation of deceased? How
20. FILED aug 17, 19.32 J. W. Munay Registrat	(Signed) M. Aich M. D.  (Address) Con Minal
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ogo
1921	Run over by street car	1 week ogo
July 5,1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
Moy 1,1923	Gastroenteritis	1 yeor
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attock of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

		MARGIN RESERVED FOR BINDING
N. I	L-WRITE PLAINLY,	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	mation should be care	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
(	CAUSE OF DEATH :	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
T	TION is very importa	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9145
1. PLACE OF DEATH	98-0	
County ( ashmaton with	Registration Dist. No.30	2
Village or City Fagers Come Md.	No. 1.2.7 St., add death occurred in a hospital or institution, give its NAME instead of street and r	Word
Length of residence in city or town where death occurred		
2. FULL NAME Mary Elizabeth	Jaylore.	
(a) Residence: No. Hagustone (Ulus/place of abode)	Ward.  If nonresident give eity or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female Talite Marie (Merite the word)	Month) (Day)	, 193 Z
5e. Il married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended	deceased Irom
Lewis Daylor	Jau, 2 1932, 10 aug 215	19.8 %
6. DATE OF BIRTH (month, day, and year) Qua. 016 - 18.59	I last saw her alive on aug 24 1, 19 32	; death Is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, R. 3.20A.in.	
7.3 0 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	15. (
8. Trade, profession, or particular kind of work done, as SPINNER,	Don't a Particular	Date of onset
SAWYER, BOOKKEEPER, etc	A li la la su	1 any
work was done, es SILK MILL, SAW MILL, BANK, etc.	///////////////////////////////////////	
11. Total time (yeers) this occupation (month end year) - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) (Carry of Carry)	Loha Aui Mimanditi	Dirlita.
13. NAME Samuel Oaker	1000 may 1 march	younguna
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Carroll Co. Md.	What test confirmed diegnosis? Was I here an a	utopsy?
15. MAIDEN NAME Catherine Boursan	23. Il deeth was due to externel ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Mit. Lena	Accident, suicide, or homicide? Dete ol Injury	, 19
(State or country) Wash. Co. md	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Servis Daylor (Address) Il	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place falvery Date Chy 27, 1932	Nature of injury	
19. UNDERTAKER UM 3 Bast Jan	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 8-16-132 black Bowers	(Signed) Swin Mu. Muty	
Registrar.	(Address) Nagleshall,	·····

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN(

FOR

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows:		1	Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 7 1982	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory	causes of importance:		Other contributory causes of importance:	9
Gallstones		May 1,1923	Gastroenteritis	1 year
			5 7	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? yrs. mos. Length of residence In city of town where 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of RTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 0avs 7. AGE Months The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, \ SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Data deceased last worked at 11. Total time (years) spent in this this occupation (month and 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an aulopsy?\_\_ MOTHER 15. MAIDEN NAME . If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREM Manner of injury Natura of injury ... 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER If so, spacify. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU Y.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 306
Village or City nr. Bokomans Hell	No. St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mary Emma	Hartle
(a) Residence: No. Near Seitesburg Mg	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced	(month) (Day) (Teal)
HUSBAND of Freel Bartle	22.   HEREBY CERTIFY, That I attended deceased from
0 3 1652	last saw h see elive on aug 5 1932 death is said
6. DATE OF BIRTH (month, day, and year) 20 852 7. AGE Years Months Days If LESS than	I last saw h elive on, 193 2; death is said to have occurred on the date stated above, et 9
. 79 11 7 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	00 Mal 9
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Chronic Viennices
work was done, es SILK MILL, SAW MILL, BANK, etc.	
- I this occupation (month and pent in this	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Charles (State or country)	
	-
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there en eutopsy?  23. If death was due to external causes (VIOL ENCE) fill in elso the following:
H	Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
17. INFORMANT Mes Samuel Guertman	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Lecturg md	Manner of injury
Place Luthern Cometry Date 8/18, 1932	
Walter Is all the sail	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER William The Carlo Car	W so, specify MD Reformer and
20 FILED and 9, 9, 18 Lev. W. Laguer	(Signed) Smile Shiring M.D.
20. FILED LOS Registrar.	(Address) On d
If more blanks are needed, address State Registrar,	, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Trans

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
		14.	
	Other contributory causes of importance:	- 4	
May 1,1923	Gastroenteritis	1 year	
-			
		-	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	dina	
1. PLACE OF	F DEATH	12		93-2	1170	
County	Washington	1		Registration Dist. No 30	2)	
Village or C	ity Hagers town		LIMITO OF	No. W. North Street St	5 War	
			3	death occurred in a hospital or institution, give its NAME instead of street and	number)	
	dence in city or town where d		yrs,mos	ds. How long in U.S. if of foreign birth?n	nosds	
2. FULL NA		Hendley			+	
(a) Residen	ce: No. W.	North S (Usual place	of abode)	St., Sward.  If nonresident give city or town an	d State	
]	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
Female	4. Color or RACE Colored		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 21, (Month) (Day)	, 193 2 • (Year)	
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attended  Aug /7 1932 to aug 2/	deceased from	
6 DATE OF RIPTH	month, day, and year)	w 19	02	I last saw h alive on 19 death is sai		
7. AGE Yea	rs Months	Oays	If LESS than 1 day,hrs,	to have occurred on the date stated above, at 5:30A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Z 8. Trade, profes	ssion, or particular				Date of enset	
A Industry or	vork done, as SPINNER, BOOKKEEPER, etc	House Wo	ork	Mecompunation	20Ks	
- 1	ed last worked at pation (month and	spe	ime (years) nt in this upation			
12. BIRTHPLACE (cil	ty or town) Cumbe	erland		Other Contributory Causes of importance:	Setel.	
13. NAME	John Hend	ley		1,1,4,1		
13. NAME  14. BIRTHPLACE  (State or	(city or town) All country)	egheney Md.	County	Name of operation Date of Date of What test confirmed diagnosis? Was there an	autonsy?	
监 15. MAIOEN NA	ME Unknown	•		23. If death was due to external causes (VIOLENCE) fill in also the followin		
15. MAIOEN NAI	(city or town)Unka	nown		Accident, suicide, or homicide? Date of injury	, 19	
State or country)				Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT (Address)	Jeremiah Wa Hagerstown			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Aug. 22, 19.32			00 70	Manner of injury		
Place II B. g	erstown, Ma	Date_Aug.		Nature of injury		
19. UNDERTAKER (Address)	Fred W. K. Hagerstow		11-2	24. Was disease or injury in any way related to occupation of deceased?	no	
20. FILED 8- 2	-2-19326	shark	House	(Signed)	M.	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	Ī
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r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1915)
state UPA-	1. PLACE OF DEATH	210-m
of ild	county Washington	Registration Dist. No. 302
should of	Village or City of a gersterior	No. Washington County Hospital 3 Ward
= 0 /	(lf	death occurred in a horpital or infiltution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
RD. Every YSICIANS statement	0 11 20 11	1 0 0
Ev.	2. FULL NAME C. Harris Higo	5
CORD. Every PHYSICIANS ct statement	(a) Residence: No. 7 2 Q (Usual place of abode)	St., Ward.  If nonresident give city or town and State
CO PH net	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
TY .	Male White Maried	(Month) (Day) (Year)
ANENA CTI	5a. If married, widowed, or divorced HUSBAND of 0	
A A Cassi	(or) WIFE of Hellie S. Ledwork	22. HEREBY CERTIFY. That I attended deceased from
EX EX el.	6. DATE OF BIRTH (month, day, and year) Oct 6 -1883	I last saw h. A blive on Q Q Q 11938 death is said
PH d H erly cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: 100Am.
IS A PE stated E properly certificate	46 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
70	9 Trade profession or particular	Date of onset
HIS be be of	o lade, profession, or particular to the standard of work done, as SPINNER, Photographer SAWYER, BDDKKEEPER, etc Photographer	Symbol Thumphy My
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	\$0.
INK sho	() 10 Date deceased last worked at 11 Total time (years)	
	this occupation (month and year) aug 9 3 2 spent in this 2 0 occupation	
NFADING pplied. AGI erms, so tha instructions	12, BIRTHPLACE (city or town) Chareliston	Other Contributory Couses of importance:
AD ed. S, S	(State or country) W. Va	- Macouring Control
JNFA pplied erms, instr	13. NAME Jucota, Hiedwork	
Sup n te	14. BIRTHPLACE (city or town)	Name of operation. Date of Dat
113	(State of country)	What test confirmed diagnosis? Was there an autopsy?
INLY, W. be carefu EATH in	IS. MAIDEN NAME Molly Harris	23. If death was due to external cases (VIOLENCE) fill in also the Tollowing:
ort:	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
AINL Id be c DEAT	(State or country)	Where did injury occur?  Specify dayor town, county and State)  Specify whether injury occurred in NDUSTRY, in HOME, or in 90BLIE ALACE.
PLAI hould OF DI	17. INFDRMANT AUG G. SECULOS (Address)	Specify whether injury occurred in NDUSTRY, in HOME, or In POBLIC PLACE.
F 3 10	18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
三 四	Place Hagentown Md Date are gr 31, 1932	Nature of injury Thomas of Mandala
WRITE mation sCAUSE	1 tt + mi mid + la	24. Was disease or injury in any way related to occupation of deceased?
IEOF	19. UNDERTAKER (Address) Nagerations Man	If so specify A R
m.	20, FILED 8/31/ 132 Chast by wes	(Signed) M, D.
Z	20. FILED Registrar,	(Applicess) Can Atom / Ca
	If more blanks are needed, address State-Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
and the second		eachly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
6. NO. 1975			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09151
1. PLACE OF DEATH	(184)
County / askington	Registration Dist. No.
Village or City	No Cashing to Qualify the North of the state
	os. ds. How long in U.S. if of foreign birth?
2. FULL NAME Hames Killema	an
(a) Residence: No. 13 / Dethel Street	st., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OF RACE   5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Colosed OR DIVORCED (write the word)	(Month) (Day) 1930; (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased for
Mentenoun/1907	, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h; death is to have occurred on the date stated above, at /
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	accelental
9. Industry or business in which work was done, as SILK MILL. Clegander for the SAW MILL, BANK, etc.	0) 1 1 1 1
U 1D. Date deceased last worked at 11. Total time (years)	mound of Junself,
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME - Tilleman	
14. BIRTHPLACE (city or town) . The brown	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNBNOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following/
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? Lago Laton My (Specify city or town, county and State)
17. INFORMANT L. CHARLEST CONTROL ON A.	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVALO	Manner of injury acceptantal Shooting
Place Masha W. Date ling 18 , 102	Nature of injury of frankly, by himself
19. UNDERTAKER JAGA MAJORIAN M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 877-/1832-6hast Bowar. Registrar.	(Signed) Survey Welkerby,
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

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Example 1	1	Example, 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GBAIGCE	
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Washington	Registration Dist. No. くのひ
Village or City Dasgow.	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town whara death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Gamlign Joo	er.
(a) Residence. No. 5/3 5 M. June Certay	St., Ward.
(Usual place of all of the Personal And Statistical Particulars	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Quey 4 1932.
are impound	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura, Hoaven	22. ALER-EBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) FUN 1/850	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and spent in this	Found dead in bed-
9. Industry or business in which	Draft from natural
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Causes - probabage
	Phronic Jugo Curlies a
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME, Elijah Hoover.	
13. NAME. Style House	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT of selfoh Lofer.  (Address) 32 Waysell har, Joseph	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of injury
Place Pose but , Bayle Date aug 6 , 1932	Nature of injury
19. UNDERTAKER G.K. Poffman	24. Was disease or Injury In any way related to occupation of dacaased?
20 FILEGILEG 20, 1932 Englosus Registrar.	(Signed) Walter & hay M. D.  (Address) Shortshary M. D.
	2411 N. Charles Streety Bathimore, Requesting U. S. 1801. Pro over

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
100 10.00				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	W313.3
County Washinglon_	Registration Dist. No. 30 2
Village or City Hoger Town	No. 931 S. Tolomac St St. 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
6+11/ - 1 11.	Jismus
	6
(a) Residence: No. 931 5. Potomoc St (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Aug 3.1932	I lest saw h alive on pullhon 19 death is seld
7. AGE Years Months O Days If LESS than 1 dey,	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	fillfrih
10. Date deceased last worked et this occupation (month and year)	
12. BtRTHPLACE (city or town) Hagerstown, (State or country) Ma.	Dther Contributory Causes of importance:
E 13. NAME Ralph C Hous	
13. NAME Nalph C Hous  14. BIRTHPLACE (city or town) Hogerstown, (State or country)	Name of operation Date of
E 15. MAIDEN NAME Mary Margarel Danhart	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Margarel Darnhart  16. BIRTHPLACE (city or town)  (State or country)  Perusaleratura	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT ROCKE C Hoves (Address) Hogy withon Wit	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hay author 8-5-, 1932	Manner of injury
19. UNDERTAKER Af Chaeffinger Mide  20. FILED 19.33 May House	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D  M. D
Registrar.	(Address) Haguston Wa.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Low auth	write to ch	auso dat	es of lun	thand	do sto
0	9,000		0		N. A. A. A.
see selle	· Render /	Sement	2/15/3	3	
		<u> </u>			

PHYSICIANS should state KECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN A mation should be carefully supplied. AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>(S)</b>
County Washington	Registration Dist. No. 3 0 5
Village or City (If  Length of residence in city or town where death occurred, yrs, mos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7 + 11	164
2. FULL NAME (TOLFULS) Huf	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WtFE of	22.   HEREBY CERTIFY, That I attended deceased from
1. 51 1922	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days tf LESS than	I last saw h; death is said to have occurred on the date stated above, atm,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O Trade confession on continuous	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	M. rachticaso
V 9 Industry or business in which	My foreward
work was done, as SILK MILL, SAW MILL, BANK, etc.	12(Mo)
11. Total time (years) this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Debug for (State or country)	
13. NAME alshed. Suffer	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State Of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TELLE CLEECE  16. BIRTHPLACE (city or town) Constant (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) a Maconing	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Corrections (Address) Booristons	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place at Home Date alig. 26, 193.2	Nature of injury
19. UNDERTAKER NOW U	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED ag. 26., 1932 (1) lians Registrar.	(Signed) M. D. M. D. (Address) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			_

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENDETTTOTITE	DI ZIVI	TAR	T. CILLIIII	D T T T T T T T T T T T T T T T T T T T	17 1	T THE POST OF THE T

N. B.--

PEACE OF BEATH	STATE OF MARYLAND
County // sall	CERTIFICATE OF DEATH
WITHIN COMPONATE COMME	Registration Dist. No. 302
Village or City Hayuth (No. 41) WF	Much St. 5 Ward) (If death occurred
Box 34 mil.	Still ward) a hospital or institution, give its NAME is stend of street as
2 FULL NAME BOY Humelaine	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year).
b date of birth $8/18$ , 193	17   HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Ye	IA WA A
Still rom 6 1/2 ms If LESS I day	
yrs. mos. ds. or n	nin.? Still ryn 6 1/2 ms
(a) Trade, profession or	Cause usahanny
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrstnos
9 BIRTHPLACE 24 James	Contributory Secondary
(State or country)	(Duration) yrsmosd
10 NAME OF FATHER Tring Bliffing Humelsing	(Signed) I Mushy M. 1982 (Address) 17M Warrist -
OF FATHER (State or country) Hagenting M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Callenn Journ Septimols	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or country) Haynorm	At place of deathyrsmosds. In the Stateyrsnosc
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
On Chiltred Hearthine	Former or usual residence
(Informant) my eyy y yound with	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Adjustio	Buried in bruk yard, 19
Filed 8-19-1932 phase Bours Registra	20 UNDERTAKER ADDRESS
If more branks are needed, address State Reg	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (h) Grocery, materia

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite; Tuberculosis of lungs, men-American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic and consequences (e. g., sepsis, etc. affection need not be ralimlar heart Nomenclature of the The contributory disease;

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# A. A. MARGIN RESERVED FOR BINDING

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X, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	IH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

09156

1. PLACE OF DEATH	82-0	
County Washington	Registration Dist. No. 502	
Village or City Yaa ex 5 7 8 WAT LIMITS	No. 119 E Wash naton-st. 2	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numbe  ds. How long in U.S. if of foreign birth?	
11. V 4 -		
2. FULL NAME MISSEY FIND Jacob	3	
(a) Residence: ND. 119 C VV as N, 119 TO Y) (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Aug 6 193	2
5a. If married, widowed, or divorced	(Month) (Day) (	(Year)
HUSBANO OF Charles Jacobs	22. I HEREBY CERTIFY, That I attended decade	sed from
6. DATE OF BIRTH (month, day, and year) Solot 10- 1849.	I last saw Ren alive on Owg J 1932; dea	th Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1 1 m.	
82   11 -   1 day,hrs.   or,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te ol onset
8. Trade, profession, or particular	Date	9 01 00861
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which		
9. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Urila al Mononhage fle	5-1-1981
		0
this occupation (month and year) spent in this occupation (spent)		
12. BIRTHPLACE (city or town) - a) y play	Other Coutributory Causes of importance:	
(State or country)	Osterio aclerosis:	2
13. NAME Jacob Vi Tch		-
14. BIRTHPLACE (city or town) AIX Play	Name of operation Data of	
(State or country)	What test confirmed diagnosis? Quarted. Was there an autops	y?h>
15. MAIDEN NAME axinia &m.Th	23. Il death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Tal Y place (State or country)	Accident, suicide, or homicide? Date of injury,	19
TILLS Ha and Cook	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT III II I I I I I I I I I I I I I I I	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 109 MSI QUM III Date M. 9 8 , 1931	Natura of Injury	
19, UNDERTAKER PUR COXY may	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) Hobierstown III a	If so, specify	
20. FILED 8-7-, 1932 Charts owers	(Signed)	M. D.
Registrar.	(Address) - S-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W	- سال

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[}	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		-1377	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	1			EAST NOT BELLEVILLE
1181	- 10 10 C	ASSOCIAL DESIGNATION OF THE PERSON OF THE PE	MIZSELL,	
		At the control		

TION is very important. See instructions on back of certificate.

STA	TF	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
				AIL	OFILITIES I			

1,	G	1	5	-
U	J	I	1)	0

1. PLACE OF DE	ATH			(131)	
County	Washing	ton		Registration Dist. No. 302	1
Village or City	Hagerst	CARRADATE	LIMITO EF	No. Washington County Hosstital 3 f death occurred in a horpital of finitiution, give its NAME instead of street and number)	
Length of residence in	city or town where	death occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	Charles	C. Jenk	ins		
(a) Residence: No.	227 Ea	st Frank	lyn f abode)	St., 4 Ward.  If nonresident give city or town and State	
PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
201	Nhite	5. SINGLE, MARK OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH  August 2 , 193 (Year) (Year)	2
5a. If merried, widowed, or d HUSBAND of (or) WIFE of		Jenkins		22. I HEREBY CERTIFY. That I ettended deceased July 26 1932, to any 2 199	d from
6. DATE OF BIRTH (month,				1 law saw h. 4 elive on Cary 2 1932 death	le said
7. AGE Years	Months	Days	If LESS than	to have occurred on the dete stated above, at 8 - 10 P. M.	15 5010
45	5	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance	
8 Trade profession or	particuler	- ~-	1 07	Chronic nefhrilis Date o	tonset
9. Industry or business	in which			Cooki Insufreency	
SAW MILL, BANI					
	vorked et	ar II. lotal tit	ne (years) 20 tin this Year	· S	
year)		I occu	pation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or tow (State or country)	m)R1(	dgeway W. Va.		-	
1	Thomas		*	-	
13. NAME  14. BIRTHPLACE (city of	Inomas	R. Jenk	ins,		
14. BIRTHPLACE (city or (State or country		W. Va.		Name of operation	
		Toates		What test confirmed diagnosis? Was there an autopsy?	
E		a loates	•	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or State or country	,	W. Va.		Accident, suicide, or homicide?	
	Irs Carr Hagers	ie Jenki	ns.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OF	REMOVAL W	· Va · Aug	5 ,19 3	Menner of Injury	
19. UNDERTAKER	7.	Kraiss		24. Was disease or injury In any way related to occupation of deceased?	
(Address)	Hagerst	To the		If so, specify the Garage	
20. FILED 8-4-	,195401	001119	ower	(Signed) (Address) Julier bown md.	_ M. D.
			Registrar.	(Address) / ruger www ma,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attock of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

MARGIN RESERVED

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

Female

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

16

8. Trade, profession, or particular

9 Industry or business in which work was done, as SILK MILL,

10. Date deceased last worked at

(State or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town)\_\_\_\_

(State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT ...

19 UNDERTAKER

SAW MILL, BANK, etc ....

this occupation (month and

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.....

Charles H.

(Address) Hagerstown, Md

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)
Single

January 25, 1916

School Student

11. Total time (years)

occupation \_\_

If LESS than

I day, \_\_\_\_hrs.

or\_\_\_\_min.

Days

3

Near Downsville

Johnson

Md

14. BIRTHPLACE (city or town) Near Martinsburg.

16. BIRTHPLACE (city or town) Martinsburg,

Lillie Holly

Charles H. Johnson.

Fred W. Kraiss

Hagerstown.

PlacWilliamsport, Mdoete Aug. 30 ,19 32

PERSONAL AND STATISTICAL PARTICULARS

Months

4. COLOR OR RACE

Colored

No. 59 Blooms Avenue St., Sward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
St., 5 Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
August 28, 193 2. (Month) (Day) (Year)
1 HEREBY CERTIFY. That I attended deceased from 8/2 8/28 1932; last saw h. alive on 8/2 6 , 1932; death is said to have occurred on the date stated above, at 12:15A.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:  Date of onset
Other Coutributory Causes of importance:
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
(Signed) V. dor Bluillon M. D.  (Address) Hagenstuna Med
(1001000) 11

back DEATH in plain terms, mation should be carefully -WRITE NOIL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcck ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, Ma OR DIVORCED (Write the word (Month) .....(Dav) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE \*State the Disease Causing Death, or, Ch RENT Violent Causes, state (1) Means of Injury (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE Former or usual residence (Informant)

DATE OF BURIAL

and (2) Whether

If more blanks are needed, address State Registrar, 16 W. Saraton St., Balton Requesting V. S. No. 1.

Every CIAN:

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm en at home, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive 6 engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whoopinguse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles : (disease chopneumonia (secondary), etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

E)

STATE OF MARYLAND-CERTIFICATE OF DEATH

BINDING

FOR

MARGIN RESERVED

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAH A S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The Barre

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUSEAUV	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(			

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEAT plnods Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town PERMANENT RECORD, Every statement PHYSICIAN (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorcad HUSBANO of HEREDY CERTIFY. That I attended deceased from (or) WiFE of × 6. DATE OF BIRTH (month, day, and year) certificate. Oays If LESS than 7. AGE to have occurred on the date stated above, at proper stated 1 day. Trs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or \_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. may back Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (years) 10. Data deceased last worked at spent in this this occupation (month and that occupation \_\_\_\_ instructions Other Contributory 08 in plain terms, See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?\_ MOTHER important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? OF DEATH Whera did injury occur? ... should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) Manner of injury CAUSE mation Nature of Injury MOLL 24. Was disease or Injury in any 19. UNDERTAKER (Address) 20. FILEOLIE Registrar. (Address)

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	La protection			
Other contributory	causes of importance:		Other contributory causes of importance:	E IN EX
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B.

19. UNDERTAKER

(Address)

	STAT	TE OI	MARY	LAND-	CERTIFICATE OF DEATH	09164
1	. PLACE OF DEATH				(93-0)	
	County Washi	ngton	ATRIMITE		Registration Dist. No. 3	00
	Village or City Hager	stown			Np. 302 N. Potomac St.	Ward
					death occurred in a hospital or institution, give its NAME instead of street a  ds. How long in U.S. if of foreign birth?yrs.	
2	FULL NAME Flo				ale.	
	(a) Residence: No. 302	N. F	O LOMA C	Street Stabode)	St., Ward.  If nonresident give city or town	and State
67.00	PERSONAL AND ST	The second secon			MEDICAL CERTIFICATE OF DEATH	
3.	Female   4. COLOR OR F			RIED, WIDOWED,  ("write the word)	21. DATE OF DEATH  August 14,  (Month) (Day)	, 193 2 • (Year)
5a.	If married, widowed, or divorced HUSBAND of Willi	am H.	Kreps		22. Jan / Local Je	ded deceased from
6.	DATE OF BIRTH (month, day, and ye	ar) Aug	ust 27	, 1858	I last saw bu alive on any 13/ 195	; death is said
7	AGE Years	lonths	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, al 0:30Am.	
	73	11	18	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
N	8. Trade, profession, or particular kind of work dona, as SPII SAWYER, BDDKKEEPER, etc.	NNER, TT -	187 1	la.		1011
Ĕ	SAWYER, BDDKKEEPER, et 9. Industry or business in which	nc	me_wor	<b>K</b>	artero receioros	1900
CCUPATION	work was done, as SILK M SAW MILL, BANK, atc	ILL,			Chr. My otomus	1/20
000	1D. Data deceased last worked at this occupation (month and yaar)			me (yaars) t in this pation		
12.	BIRTHPLACE (city or town) Was	hingt Md.	on Cour	nty	Other Coutributory Causes of importance:	
ER	13. NAME David Ma	rtin				
FATHER	14. BIRTHPLACE (city or town) (Stata or country)		ngton	County	Name of operation Date of	
ER .	1	Bell			What tast confirmed diagnosis? Was there	
ОТНЕ	16. BIRTHPLACE (city or town)			County	23. If death was due to external causes (VIOL ENCE) fill in also the follo Accident, sulcide, or homicide? Data of injury	
Σ	(State or country)		Md.		Where did injury occur? (Specify city or town, county and	State
17.	INFORMANT Miss Ali (Address) Hagerst				Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC	
18	BURIAL, CREMATION, OR REMOVA	L	INCLA	10	Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. 20 2/ should item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_mos... Length of residence in city or town where death occurred statement RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT 1726 (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of O Y That I attended deceased from (or) WIFE of N M 5 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Deys If LESS than 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or\_\_\_\_min. were as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ be Jo back may 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc..... uo 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and that occupation \_\_\_\_\_ instructions UNFADING Other Contributory Causes of importance. 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or to plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_ Was there an autopsy? HER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_ Date of injury DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluo OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation TIOL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIEZEAU V. S.		7	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

te A-	STATE OF MARYLAND—	CERTIFICATE/OF DEATH (19165)
sta UP.	1. PLACE OF DEATH	46/
m of nould OCC	County Washington	Registration Dist. No.
shor of 0	Village or City Haupock, Wed	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
70		ds. How long in U. S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME John My Leige	lety
D. I	(a) Residence: Not / Lewworth, Med	St Ward.
Part 1	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH .
LY. Ey.	3. SEX  4. COLOR OR RACE OR DIVORCED (write, the word)	21. DATE OF DEATH (Month) (Day) (Year)
A C T ssifted	5a. If married, widowed, or divorced HUSBAND of Policy	
A C A C assi	(or) WIFE of Section Cell from Haline	22. THEREBY CERTIFY, That I attended deceased from
EX. cla	6. DATE OF BIRTH (month, day, and year) Isele 30 1887	Mast saw here alive on Quy 29 , 1932; death Is said
d d d d d	7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 10 pm.
IS A PE stated E properly certificate	45 - 29 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER, Harrage Profindly SAWYER, BOOKKEEPER, etc.	
THIS il be y be k of		Carcinorna of Steriool Julyan
ould may back	Industry or business in which work was done, as SILK MILL, Gulto works SAW MILL, BANK, etc.	
Sh it	0 10. Date deceased last worked at this occupation (month and A spent in this	
IG I	year) occupation occupation	Other Contributory Causes of importance:
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Rybursewelle,	Concealed Hermorrhage 4 hours
ed.	(State or country) / College of the state of	abdournal
	13. NAME reorge Leighty	
y sul ain t	13. NAME Levrice Leight  14. BIRTHPLACE (city ortown) League G)  (State or country)	Name of operation Date of X/2/32
T 15 6	(State of county)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
2	Ε ///	23. If death was due to external causes (VIOLENCE) fill in also the following:
ALTALY, Id be can DEATH y import	16. BIRTHPLACE (city or fown)  (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
	768 1-116-1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	17. INFORMANT (Address) Saucevell IIII)	Sportly method might be seen a mile of mile of mile of mile of the mile of mile of the mil
F-7 W	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
on SE	Place Pobusoutill a Date Day 31, 1922	Nature of injury
WRITI	19. UNDERTAKER & Alexain Sent a	24. Was disease or injury in any way related to occupation of deceased? 260
- EOF	(Address) Hancock (2) Mich	If so, specify
H -	20. FILED 230 193 De Seutius	(Signed) Aller M/D.
T	Registrar.	(Address) Jane Colon July 1
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis		1921	Run over by street car	1 weck ago
Cerebral hemorrhage	PITREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH 0916.
1110000	Registration Dist. No. 3//
1:011	Registration Dist. No.
Village or City 100005	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred - yrs	smosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME \\\ \(\O \X\)?"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	D-D-4
(a) Residence: No. 1 ) (Usual place of about	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write to the color)	
a. If married, widowed, or divorced	22.   HEREBY CERTIFY, That I attended dacaased from
HUSBAND of (or) WIFE of	
DATE OF BIRTH (month, day, and year)	
AGE Years Months Days II	f LESS than to have occurred on the data stated above, at
	ay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Datestoller
SAWYER, BOOKKEEPER, etc. 3 3 W. 1 Q Y Q W	ver Cerebeal Canonhuge
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at	pars)
this occupation (month and year) spent in the occupation	7047
2. BIRTHPLACE (city or town) Downsuille	Other Contributory Causes of importance:
(State or country)	Tolorenloses of thee
13. NAME \ Saac Long	years durations
14. BIRTHPLACE (city or town) 1000 mg 11/1/2	Nama of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)? a. T. & Y & Y & Y & Y & Y & Y & Y & Y & Y &	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 120 17 2 1 50 11	Accident, suicida, or homicide? Data of Injury, 19
(Stato or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT 11/ XS 1 malon (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) ) 0 0 0 5 2 1 1 2 1 1 8. BURIAL, CREMATION, OR REMOVAL THE	Manner of injury
Place Many Cem. Data Lay 1	Nature of Injury
TT CONVENIENCE	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER FT. D. Cay may (Addiess) H. Cay may	24. Was disease or injury in any way related to occupation of deceased?
and the second s	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
GEP 3 1932			
Other contributory causes of importance: 3	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
1			- ,,,,,,,

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

ECORD. Every item of infor-PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	72.0
County Washington	Registration Dist. No. 3//.
Village or City Laurplay	
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME M Calelland Long	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (Friether World)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Lagnes Long,	22.   HEREBY CERTIFY, Thet I attended decessed from
& cyne dong,	leng 8 19 32, 10 ling 14 1932
6. DATE OF BIRTH (month, day, and year) man - 19 - 1162	I last saw h mu alive on aug-/0, 19.8 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 430 Qm.
70 4 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Paral of Memorrhage Date of ong &
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at	
10. Date deceased lest worked at this occupation (month and yeer) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Wash Too, ma	
13. NAME Dimon Long	
14. BIRTHPLACE (city or town) (State or country) Washington 60 md	Name of operation Date of Was there en autopsy?
15. MAIDEN NAME Hadandh Brown	
16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
(State of country) Prasm (or mai	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAY M LONG.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place / arior Cunterpate Mig. 18, 1937.	Nature of injury
19. UNDERTAKER n. C. Recaliand	24. Was diseese or injury In any way related to occupetion of deceased?
(Address) Way nestoors of	If so, specify
20. FILED CHES /8, 1932 4. D. Olovano. Registrar.	(Signed) M. D.  (Address) William Port Mol.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V 9			
to 3 to appear			
Other contributory causes of importance:		Other contributory causes of importance:	200
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH  County (1) as living for Pagistration Diet No (3)				
Designation Diet No C 3				
County Registration Dist. No.				
Village or City Hagenstown No. 8/6 Wash ask, / War				
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence in city or town where death occurred byrs				
2. FULL NAME 6 was, N. Sushbaush.				
(a) Residence: No. 66 Elis alythe St., 2 Ward.				
Usual place of abode)  If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Furite Ma word)				
(Month) (Day) (Yaar)				
5a. If merried, widowed, or divorced HUSBAND of , June 1 attended deceased fro				
HUSBAND of Margaret Vhushpayk July 27 1932 to Musy 1932				
7/10./1/1/16/7 All Vila 3/				
6. DATE OF BIRTH (MONTH, day, and year)				
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm.  1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance				
Ornin. were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, 10 %				
SAWYER, BDDKKEEPER, etc				
work was done, as SILK MILL, SAW MILL, BANK, etc.				
0 10. Date deceased last worked at 44 11. Total time (years)				
year) occupation 7/1/2				
12. BIRTHPLACE (city or town) Haar Eva town				
(State or country)				
13. NAME HO 1 Luphtaugh				
II Al a Gara-Talian				
14. BIRTHPLACE (city or town) Dete of				
must test committee diagnostic.				
16. BirTHPLACE (city or town) Accident, suicide, or homicide? Date of injury, 19				
(Specify city or town, county and State)				
17. INFORMANT MANY ASC MUSIC PLACE.  (Address)  (Address)				
and the state of t				
Place 10 a grant to the Date 8/3", 1932 Natura of Injury				
d. I de vida de monte				
19. UNDERTAKER 19. UNDERTAKER 24. Was diseasa or Injury In any way related to occupation of deceased?				
(Address) A a complete of the state of the s				
20. FILED 8-3-, 1032 Chaff Horizon (Signad) (Address) Nagentany M.				
Registrar. (Address)  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	(82-20)
County Washington	Registration Dist. No. 30 2
Village or City Hagerstown (If	No. 605 George St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizabeth Manious	
(a) Residence: No. 605 Geotge (Usual place of abode)	St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (qurite the word) Married	21. DATE OF DEATH  August 2 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Manious.	22. OI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar 19, 1879.  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER CONTROL OF SAWYER, BOOKKEPPER, etc. HOUSE WORK SAWYER, BOOKKEPPER, etc. HOUSE WORK SAWYER, BOOKKEPPER, etc. HOUSE WORK SAWYER, BOOKKEPPER, etc. HOUSE SAWHILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and control to the second in this county and control to the second in the second in this county and control to the second in th	to have occurred on the date stated above, a2/45 Pmm  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The principal cause of importance were as follows:  Date of onset  The principal cause of importance were as follows:  Date of onset  The principal cause of importance were as follows:  Date of onset  The principal cause of importance were as follows:
12. BIRTHPLACE (city or town) Washington County (State or country) Md.	Other Contributory Causes of importance:
E 13. NAME Charles Byrum.	·
H 13. NAME Charles Byrum.  14. BIRTHPLACE (city or town) Washington County.  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME   Libbie Cramer   16. BIRTHPLACE (city or town)   Washington Jounty   Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemet Date Aug 4 , 19 32	Manner of injury
19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown Md.  20. FILED 9 4 - 19 32 Chos H Source  Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	İ		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	SEE 7 1932	1 week ago
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	KECEWED	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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20. FILED

1. PLACE OF DEATH  County Washington  Village or City Hagerstown	Registration Dist. No.  No. 215 N. Cannon Avenue St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME Carrie May Martin  (a) Residence: No. 215 N. Cannon Avenue  (Usual place of abode)	St., H Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Married	21. DATE OF DEATH  August 29, 1932.  (Month) (Day) (Year)	
50. If married, widowed, or diverced HUSBAND of (or) WIFE of Harry E. Martin	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,19 ,19 ,19	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, all 0:30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Home Work  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	Susses Evidently  Garalyses of Importance:	
12. BIRTHPLACE (city or town) Near Hagerstown (State or country) Md.	- Control State of Importance.	
13. NAME Charles Foucke  14. BIRTHPLACE (city or town) Unknown (State or country) W. Virginia	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?	
15. MAIDEN NAME Delilah Clugsten  16. BIRTHPLACE (city or town). Unknown (State or country) Md.	23. If deelh was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Harry E. Martin, (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaceHagerstown, Md. Date Sept. 1, 132.	Manner of injury	
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown M.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	

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Registrar.

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Example I	11	Example II	
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		Gangosa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2			

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No If deeth occurred in ...Ward) a hospital or institution, RECORD give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS ENT MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, VO ORDIVORCED (Write the word) (Month (Day I HEREBY CERTIFY, That A attended deceased from DATE OF BIRTH that I last saw home Year) TAGE If LESS than and that death occurred on the date stated above, at f day .....hrs. as follows: OR ..... min. ? GE BOCCUPATION prop (a) Trede, profession, or INK particular kind of work. (b) General neture of indestry. O business, or establishment in which employed (or employer) UNFADIN E 9 BIRTHPLACE (State or country) Contributory. Secondary that 10 NAME OF FATHER (Signed) 50 11 BIRTHPLACE . 1912.2 (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Informati OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ DEATH 14 THE ABOVE IS TRUE Where was disease contracted. If not at place of death? --Jo Former or P 0 Item usual residence. important. Every Ite LACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ABBRESS REGISTRAR If more Manks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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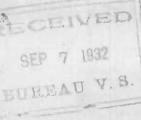
[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations who receive a definite salary), may be eutered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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If mpro blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritanitis	3 days ago
BURGAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 691	75
	1. PLACE OF DEATH	(3)	
	County flushing row.	Registration Dist. No.	04
	Village or City Ar Huncoll	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where death occurred	How one in U. Sti of foreign birth? yrs mo	
	2. FULL NAME arah Chizabeth	Mulouetter.	
	(a) Residence: No.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
9	1. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WHO WED,  OR DEVENOUS OR DEVENOU	21. DATE OF DEATH (Month)	193 2 (Year)
	5a. If married, widowed or dispreed HUSBAND of (or) WIFE	22.   HEREBY CERTIFY, That I attended d	
	(1) a 13- 181	aleg, 193/ to aleg. 29	, 1932
ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	10100	; death is said
rtific	72 0 19 Iday. hrs.	-to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
cert	- 8. Trade, profession, or particular	2-0 . 0 -1 . 1	Date of onset
of	kind of work done, as SPLINGER MULE MAYER, BOOKKEEPER, KARAMAN MAYER, BOOKKEEPER, KARAMAN MAYER	Chronic Trigles Desease	aug 193/
back	Industry or business in which work was done, as SIL WILLIAM HORNING	,	11.9.7
ou	10. Data deceased last worked at this occupation (month and)		
Suc	year) occupation C	Other Contributory Causes of importanca:	
instructions	12. BIRTHPLACE (city or town) / lucy lvania (State or country)		
strı	~ 0 - 1 2 .	andocardetes + Myocardeles	TRAY 193;
1	I		
See	14. BIRTHPLACE (city or town)	Name af operation Date of	
.	(State or country)	What test confirmed diagnosis? Was thera an au	itopsy?
important	15. MAIDEN NAME Rebecca Gardon	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:	
ort	16. BIRTHPLACE (city ar town)	Accident, suicide, or homicide? Date of injury	, 19
mp	(State or country) / ensylvania	Where did injury occur? (Specify city or town, county and State	
very i	17. INFORMANT Track M. Cusker (Address) Haward Fred R ?	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	ĆE.
S	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place fan Coch, MA Date 8/3/ 1032	Natura of Injury	
TION	19. UNDERTAKER I CHECKEN,	24. Was disease or injury in any way related to occupation of deceased?	no
	(Address) Jewicock Wo	If so, specify	
)	20. FILED 8/20 , 19 Hellins Registras.	(Signed) Au Walson Md	/M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14.4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

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Exact statement

certificate.

See instructions on back of

important.

CAUSE LION

(Address)

V. S. No. 1

B.

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	STATE O	F MARY	LAND-	CERTIFICATE OF DEATH 09176
1. PLACE O	F DEATH			82-0
County	vashington			Registration Dist. No. 30 2
Village or C	Magr Rid	dlersbur		ND. St. Ward
Leasth of and	:damas (m. 151),	9		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
	ME Mary Eli			as. now long in 0.5. If of foreign birth?yrsmos as.
(a) Residen	ice: No. Same			St., Ward.
		(Usual place of a		If nonresident give city or town and State
	IAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
female	4. COLOR OR RACE White	5. SINGLE, MARRIE OR DIVERSED		21. DATE OF DEATH  Aug. 12.1932 , 193 (Month) (Day) (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of	wed, or divorced William M	cElroy		22. HEREBY CERTIFY. That I attended deceased from July 30, 1932
6. DATE OF BIRTH	(month, day, and year) A	ug. 29.	1847	last saw held aliva on July (30, 0, 1932; death is said
7. AGF. Yaa		Days	If LESS than	To have occurred on the date stated above, at
84	11	1 44	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profa kind of v SAWYER	ssion, or particular work dona, as SPINNER, BDOKKEEPER, etc	ousework		Quelon 30
9. Industry or work wa	business in which s done, as SILK MILL, LL; BANK, etc.	home		perebral apoplary 01932
	ed last worked at 1920 pation (month and	11. Total time spent in occupat	(years)life	<i>(f</i>
12. BIRTHPLACE (ci	ty or town) St Paul	8 Md		Other Cautributary Causes of Importance:
				arterispelerosis & Hyper- 2
13. NAME	John Wolford			tinsson.
(State or	(city or town) Md	•••••		Name of operation
置 15. MAIDEN NA	ME Mary Pa	inter		23. If death was due to external causes (VIOLENCE) fill in also the following:
	(city ar town) Md			Accidant, sulcide, or homicide? Date af Injury, 19
17. INFDRMANT	Mrs J.H.Barn Fiddlersb	hart urg Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	lliamsportMd	_Date_Aug.	14, 19 32	Manner of injury
19 IINDERTAKER	Albert Leaf			24. Was disease ar injury In any way related to occupation of deceased?

Registrar.

If so, specify

(Signed).

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
	. 2.1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of Eligibility States of the state	Maria II a s

-y-	A	CERTIFICATE OF DEATH 69177
	PLACE OF DEATH	95-6-)
V	County Carry Co	Registration Dist. No. 307
	Village or City X20 TOUS Mulls	death, occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city on town where death occurred 16 prs. 1 mos.	1//
2	FULL NAME LAWES Mc Golric	k.
	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
- 0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male White OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a.	If married, widowed or divorced in HUSBAND of Aurice Mc Golsick	THEREBY CERTIFY, That I attended deceased from
6 0	DATE OF BIRTH (month, day, and year) May 4 = 1860	I last saw h An alive on Arec 15 1937 death is sai
7. A		to have occurred on the date stated above, at
	72 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
7		Date of onse
NOL	8. Trade, profession, or particular kind of work done, as SPINNER, Harring SAWYER, BOOKKEEPER, etc.	Wegower Pear
JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 Dicera
OCCU	10. Date deceased last worked at 11. Total time (years)	
9	this occupation (month and year) spent in this occupation	
12.	BIRTHPLACE (city or town) Halltown	Other Contributory Causes of importance:
	(State or country) fruffus og Co Was	
HER.	13. NAME John Omc Golrick	
FATH	14. BIRTUPLACE (city or town) William	Name of operation Date of
~	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HE	15. MAIDEN NAME UMCNOWN	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOT	16. BIRTHPLACE (city or town) Willmown	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
2	(State or country)	Where did injury occur?(Specify city or town, county and State)
	(Address) Harfans & Waveston in	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OF BEMOVAL	Manner of injury
	Place Physical McL Date Mug 7, 1932	Nature of Injury
19.	UNDERTAKER LA LAMINAN + CO	24. Was disease or injury in any way related to occupation of deceased?
	(Address) (Grolysville mol	If so, specify
20.	FILED aug 2 1952 Cornelius A. Castle	(Signed) M.
-	Deposity Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1932 (Year) CERTIFY. That I attended deceased from : death is said Date of onset

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	7 8. 1		
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BINDING

FOR

RESERVED

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis [ ] 7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUERLU V.S.				
	1			
Other contributory causes of importance:		Other contributory causes of importance:	Spec.	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			3	

Exact statement of OCCUPA-

properly classified.

Earth in plain terms, so that it may be portant. See instructions on back of

CAUSE OF D TION is very

certificate.

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

69180

1. PLACE OF DEATH		(3)		
County Washin	gton	Registration Dist. No. 30	4	
Village or City Hagers	town	No. Washington County Hospital of death occurred in a hospital or institution, give its NAME instead of street and num	3 Ward	
		f death occurred in a hospital or institution, give its NAME instead of street and num  s. ds. How long in U.S. if of foreign birth?		
Length of residence in city or town wher	e death occurredQQyrsmos	s	as.	
2. FULL NAME Geor	eanna. Moore			
(a) Residence: No. 436 G	eorge Street (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and Sta	le	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Female  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WILLOW		21. DATE OF DEATH  August 17,  (Month) (Day)	3 2 • (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Moore	22. I HEREBY CERTIFY, That I attended deceased from 1932, to aug 17, 1932		
6. DATE OF BIRTH (month, day, and year)	leman 18,50	I last saw here alive on comp 1 1 1932; d	eath is said	
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5.1.2A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Chronic hethrila-	ate of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		The state of the s		
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
	insburg	Other Contributory Causes of importance:		
(State or country) W	_Va.	Bunchas ashma		
13. NAME John W.				
13. NAME John W.  14. BIRTHPLACE (city or town)	mpnoww	Name of operation Date of		
(State of country) W	Va.	What test confirmed diagnosis? Was there an auto	psy?	
15. MAIDEN NAME	Infension	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	_, 19	
17. INFORMANT And Control of Cont	W. Va	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE		
(Address) Hagerstown, Md.  18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
	Md abate Aug 20, 19.32			
19. UNDERTAKER Fred W. B	Traiss.	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Hagerstow		If so, specify		
20. FILED 8-20-, 1932-4	Kast Bower Registrar.	(Signed) M. G. Tyrllon (Address) Myenlown)	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	gernace all	3 days ago
		1	According to the second	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09181
Village or City / Types was the County Village or City / Types was the City of	Registration Dist. No. 30 7 No. 3 9 Charles 84 St., 5 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos  2. FULL NAME Thomas Earl Inv  (a) Residence: No. 39 Charles  (Usual place of abode)	s. ds. How long in U. S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Control of the form	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h, 19; death is said to have occurred on the offe plated above, atm.
1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) / + Qers how (State or country)  13. NAME SCEE & Month of the country of the	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Reyser (State or country) W Ma	Name of operation Oate of Oate
15. MAIDEN NAME Ethel I Sonder  16. BIRTHPLACE (city or town) / Sugerstown made (State or country)  17. INFORMANT Edgel I moore	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Flore I the Cample Date Dry 12, 1932	Manner of injury
19. UNDERTAKER Ed Gel & movel my (Address) They early my	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) M. A. Soveler M. D.
20. FILED	(Address) / Lagerston my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		DEALECTE		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No.

state OCCUPA

1. PLACE OF DEATH

Length of residence in city or town

County

where death occurred

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. N Warboutter Con Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) That I attended deceased from death is said The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?

addition of name of hospital from with certificate. also change of date

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
ZAT V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of infor pluods item ECORD. Every PHYSICIANS statement certificate. Jo may pinous on instructions terms, plain carefully importa OF DEATH should be -WRITE 30 AUSE TION

RESERVED

MARGIN

1. PLACE OF DEATH County Washington Hagerstown 2. FULL NAME Katie Keller Newcomer (a) Residence: Np. 301 S. Potomac Street (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WidcW Female White 5a. If married, widowed, or divorced HUSBAND of Mahlon Newcomer (or) WIFE of 6. DATE OF BIRTH (month, day, and year) August 21, 1863 7. AGE Months Days If LESS than 68 22 וו 1 day, ....hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BDDKKEEPER, etc. Home Work OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and occupation ... 12. BIRTHPLACE (city or town) Washington County (State or country) William Keller FATHER 13. NAME 14. BIRTHPLACE (city or town) Washing ton County (State or country) Md. MOTHER Sarah Winders 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Washington County (State or country) Mr. Roy Danzer. (Address) Hagerstown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Aug. 14,1932. Fred W. Kraiss. 19. UNDERTAKER \_\_\_\_ (Address) Hagerstown, Md

Registration Dist. No. Np. 301 S. Potomac Street St. 2 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S. If of foreign birth? St. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH ERTIFY. That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury\_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_

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	Example II		
Date of onset	of importance were as follows:	Date of onset	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis ~	3 days ago	
	CEMIESE		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy A A Table 1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

-WRITE PLAINLY,

V. S. No. 1

09154

1. PLACE OF DEATH			(45) V	_		
County Washington Village or City Hagerstown			No.4 Downsvill	Registration Dist. No. 3		
Length of residence in city or town where			death occurred in a hospital or iostitution,	, give its NAME instead of street a	nd oumber)	
2. FULL NAME Edward	L. Not	t •				
(a) Residence: No. 4 Downs	vill Pil (Usualplace		St., 2 Ward.	If nonresident give city or town	and State	
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CER	TIFICATE OF DEATH	1	
3. SEX 4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)		ug 6 Month) (Day)	, 193 2 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE ot	ma Nott			CERTIFY, That I attend		
6. DATE OF BIRTH (month, day, and year) Mar 22, 1865.			I last saw har alive on Sug. S., 1952; death is sa			
7. AGE Years Months 67 4	Days	If LESS than 1 day,hrs. ormiπ.	to have occurred on the date stated at The PRINCIPAL CAUSE OF DEATH a were as follows:	,	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	· · · · · · · · · · · · · · · · · · ·		Carcinoma	I mouth also	ut 1912	
year) 2 occupation 10			Dither Coutributory Causes ot importance:			
12. BIRTHPLACE (city or town) Carroll County (State or country) Md.			Elisacias of mes	R, extending	buly/1932	
I 13. NAME John No	tt.				1 0	
14. BIRTHPLACE (city or town)(State or country)	Md.		Name of operation	Date o	0	
15. MAIDEN NAME Rachel	Fouble.		23. If death was due to external causes	(VIOLENCE) fill in also the follow	wing:	
16. BIRTHPLACE (city or town)  (State or country)				Accident, suicide, or homicide?		
17. INFORMANT Mrs Emma 1 (Address) Hagers		ì •	Specify whether injury occurred in IN	(Specify city or town, county and DUSTRY, In HOME, or In PUBLIC	State) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetary Aug 9 19 32			Manner of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown Md.			24. Was disease or Injury in any way r		Que	
20. FILED 8-8-, 1933 2/6	rkasft.	Registrar.	(Signed) Mary	Hazlisto	m. M. D	

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Example II Example I The principal cause of death and related eauses Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Chronic interstitial nephritis S 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			21
			7.0

MARGIN RESERVED FOR BINDING

OT	-						
SIAIE	OF	MARYL	.AND-	-CERTIFI	CATE	OF	DEATH

09186

1. PLACE OF DEATH	3
County Washington	Registration Dist. No. 33 2
Village or City Hagerstown	No. 214 James Street St 5 Ward
Length of residence in city or town where death occurred O yrs. O	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. Ods. How long in U.S. if of foreign birth?
2. FULL NAME Stillborn child of C	
(a) Residence: No. 214 James Street (Usual place of abode)	St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6 DATE OF RIDTH (month day and year) August 20, 19	32. Hay 20 ,1932, to lay 30 ,33
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS 1	, 4000113 3810
Stillborn 1day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	STORT
work was done, es SILK MILL, SAW MILL, BANK, etc	C/CV LOT
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Hagerstown.	Other Contributory Causes of importance:
(State or country) Md	
13. NAME Charles Pearl	
13. NAME Charles Pearl  14. BIRTHPLACE (city or town). Thurmont.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Catherine Negley 16. BIRTHPLACE (city or town) Hagerstown	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Hagerstown	Accident, suicide, or homicide? Date of injury, 19
1 (State of Country) MG.	Where did injury occur? (Specify city or town, county and State)
IT. INFORMANT Charles Pearl, (Address) Hagerstown, Md.	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagerstown, Md. Date Aug. 22, 19	32. Nature of injury
19. UNDERTAKER Fred W. Kraiss,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagerstown, Md.	If so, specify
20. FILED 8-22-1932 6 Koch sow	(Signed) have taller M.D.
Registr	rat. (Address) 10- and our 100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

the similar test to the contract to	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 69187
1. PLACE OF DEATH).	CERTIFICATE OF BEATIF
1/6/1/ 2/21	Parietration Diet No. 3/6
Village or City KAG Cl. Scorilla Mol	Registration Dist. No.
Village of City / 170	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6 yrs 6 mos	
2. FULL NAME Hoodward M Collin	bargen
(a) Residence: No.	St. Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Mule marpied	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of mrs Myrlie Poffenborg or (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	Aug. / 1972 to aug // 1032
6. DATE OF BERTH (month, day, and year) Dac 13 = 1870	Hast sawh are alive on deep. 10 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
6/ 7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and petated causes of importance were as follows:
9 Tendo profession or particular	ling na Victoria Date of onset
kind of work done, as SPINNER Katural Harris	aug
Kind of work done, as SPINNER Lannus SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this spent in this	10/32
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
Many Treedy ~ Ola	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	New as/homia
	Ato Solidar
E 72 1 - 1200 00 1000	areas occurores
(State or country)	Name of operation
	What test confirmed diagnosis? Was there en autopsy?
E Men Pend W. ON.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
2 . A . T. All	Where did Injury occur? (Specify city of town, county and State)
17. INFORMANT MAYOUR Office of the Color of	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1	Manner of injury
Place Regard wells Date 8 = 13 1932	Nature of Injury
10 HUDGOTANGO ( & SALAGADA + P)	24. Was disease or injury in any way related to seempation of deceased? us for
19. UNDERTAKER (Address) Rendered ville had	If so, specify Thrus Above
20, FINEDRING 12, 19 2 Pot Decting	(Signed) Rolf new mell AM.D.
Regigras	(Address) The golle me.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	7134VE	Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1.year

	County W	shin	gtonum	IN COUPERA	h. Co. H	enitel	Registration Dist. No. 4	302
	Village or (	ityH	agerst	OWN WAS		No.  I death occurred in a hospital or instit	tution cive its NAME install 6	St., S Ward
				death occurred	A	ds How long in U.S. if		
:	2. FULL NA	ME HA	rry Ri	ce	11			
	(a) Resider		Ne	ar Dam	9	St., Ward.		
smar:	PERSON	IAL ANI	DETATION	(Usual plac		MEDICAL	lf nonresident give city or	Control of the Contro
3.	SEX		R OR RACE	ICAL PART	RRIED, WIDOWED,	21. DATE OF DEATH	CERTIFICATE OF DE	AIH
1	male	wh	nite		Derice the word)	III DATE OF DEATH	Aug. 19.1932 (Month) (Day)	, 193(Year)
5a.	HUSBAND of (or) WIFE of	red, or divo	da Bar	rett		22. I HEREB	Y CERTIFY, That I	
6.	DATE OF BIRTH	(month, day	, and year) A	ug. 16.	1877	I last saw h_ Line elive on	1- 1	19 <b>32</b> , 19 <b>32</b>
7.	AGE Yea	ırs	Months XX	Days 4	If LESS than 1 day,hrs. ormin.	were as follows:	ATH end related causes of importa	nce Date of onset
NOI	8. Trade, profe kind of SAWYER	ssion, or pa work done, , BOOKKEE	S SPINNER.	Labore	r	Chr. my		rest
CCUPAT		s dowe, as S L, BANK, e	ILK MILL, tc	Genera	1		fhuitis-	Ryon
000	To. Date deceas this occu year)	ed last wor pation (mor	ked at 193	11. Total sp	time (yeerspife entin this piece cupation			
12.	BIRTHPLACE (ci		W.•Y	<u>'a</u>		Other Contributory Causes of Imp	portance:	8/10/1
ER	13. NAME	Cha:	rles Ri	ce				
FATHER	14. BIRTHPLACE (State of	(city or to	wn)	9		Name of operation	C . OA	Dete of
ER	15. MAIDEN NA	ME	Sarah	Fiser		23. If death was due to external co		
MOTHER	16. BIRTHPLACE (State or	(city or to	₩•	VA		Accident, sulcide, or homicide?	Date of Injur	y, 19
17.	INFORMANT (Address)	rs H	arry F	Rice ort Md		Specify whether Injory occurred	(Specify city or town, county In INDUSTRY, in HOME, or in PU	y end State) JBLIC PLACE.
18.	BURIAL, CREMAT		entoval Istowa	W paven A	ug. 23 <sub>,19</sub> 32	Manner of injury		
19.	UNDERTAKER		Leaf	maport	Wd	24. Was disease er injury in eny	way related to occupation of dece	ased? W
20	(Address)	/	326	Easth	Pousest	If so, specify (Signed)	Buckle	7M.

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13000			
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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		SEEL 7 938	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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7				

BINDIN

FOR

Every item CIANS shour statement of

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	03130
PLACE OF DEATH	STATE OF MARYLAND CERT!FICATE OF DEATH
County Mashing Com	707
	Registration Dist. No.
Village or City funkstown (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrining Colored (Write the word)	16 DATE OF DEATH ang. 31, 1982 ang. 1) (Mouth) 1.7(Day) (\$32(Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on Aug. 20., 1923.
(Month) (Day) (Year) 7 AGE [If LESS than	
l day hrs.	and that death occurred on the date stated above, at
J yrs. mos. ds. or min.?	41 - 2 - 1
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Purgion)yrsds.
9 BIRTHPLACE (State or country) Marylound	Secondary (Duration) yrs. mos,ds.
11 BIRTHELAGE OF FATHER (State or country) Millian 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknow	18 LENGTH OF KESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place In the of death yrs mos ds. State yrs mes disease contracted
(Informant) (AC) A STATE OF MY KNOWLEDGE	Former or usual residence
(Address) Hayrung 15 Filed 9-1- 1932/6/10/11/16/2001	Dose Hill sign. 1932 20 UNDERTAKER 2 Milleleher Funkston
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Forcman, etc., or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Loborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Spinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; I'oisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of approved by Committee on Nomenclature Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar. Whooping cough; Chronic Chronic interstitiol nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) for malignant neoplasms); affection need not be volvular heart etc. The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CCUPA-	1. PLACE OF DEATH	Registration Dist. No. 307
of OCC		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ct statement	2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
e t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d. Exact	3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. BUS HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Task 9 = 1957 7. AGE Years Months Days If LESS than	I last saw han alive on My 3, 19 12, death is said to have occurred on the date stated above, at 1 4 m.
stated E properly certificate.	25 1 6 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of of	8. Trade, profession, or particular kind of work done, as.SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Physics Wer cardites
at it may on back	O 10. Date deceased last worked at this occupation (month and spant in this	
so the	12. BIRTHPLACE (city or town)  (State or country)	Other Coutributory Causes of Importance:
	14. BIRTHPLACE (city or town)	Mithal Sterrois
See	(State of Equality)	Name of operation
EATH in pla important.	15. MAIOEN NAME CONTROL (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
CAUSE OF DEATH TION is very import	2 (State or county)  17, INFORMANT (Address)  Roberts  Address	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
SE OF DE	18. BURIAL, CREMATION, OR REMOVAL Place Place Description of REMOVAL Date 9 = 6 1932	Manner of injury
CAUSI	19. UNDERTAKER (Address)  (Address)	24. Was disease or injury in any way related to occupation of deceased?
A	20. FILEO 8-44- , 1932, mmer Hountline Defauty - Registrar.	(Signed) Bangbor, M. 0

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Me	Secretary security sector		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY	PHYSICIAN
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e -	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09192
ould state OCCUPA-	1. PLACE OF DEATH	11 (12)
5	County Meshington County &	Joshital Hagrandon No. 302
should of OCC	Village or City Magastown Wash to	Haspital J St., 3 Ward
0		f death occurred in a horpital or institution, give its NAME instead of street and number)  1. 10 ds. How long in U.S. If of foreign birth?yrsmosds.
IAN	2. FULL NAME Mary & Nohrur	
PHYSICIANS ict statement	(a) Residence: No. Podensville, May	St., Ward.
HY st s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. CONOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7	Firmale White granuad	(fronth) (Day) (Year)
ACTI assified.	5a. If married, widowed or divorced HUSBAND of Charles Robert	22. I HEREBY CERTIFY, That I attended deceased from
K To	6. DATE OF BIRTH (month, day, and year) SALE 16=1899	I last saw her alive on tag 27, 1932; death is said
erly ficat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.36 £ m.
stated E properly certificate	32 11 15 1 day,hrs. or,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER. House SAWYER, BOOKKEPPER, etc.	
	9. Industry or business in which work was done, as SILK MILE.	Phrone fatty myocarditis
ıt it	SAW MILL, BANK, etc	
ET +0 0	this occupation (month and spant in this occupation occupation	
So the	12. BIRTHPLACE (city or town) Consum wills	Other Coutributory Causes of importanco:
	(State or experty) Wash to mid	Jangrenous Appendicules
1 4	13. NAME A TOWN 14. BIRTHPLACE (city or town) County (State or county)	Acres No character to the 2321
See	14. BIRTHPLACE (city or town) Control (State or country) Wash to MICL	What test confirmed diagnosis? AWA parallel. Was there an autopsy? MA
fully mala	15. MAIDEN NAME FILOTINGE VI Stans	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefu EATH in important.	16. BIRTHPLACE (city or town) Robinson William (State or country)	Accident, suicide, or homicide?
be a	(State or couply) Takk Co ma	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT WONGE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should E OF D is very	18. BURIAL, CREMATION, OR REMOVAL.	Manner of Injury
ISE IN	Place Potrack Delle Date Ung	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER ( A Survey 4 CO (Address) NOACH (RATT)	24. Was disease or injury in any way related to occupation of deceased?
	8/28/ 32/24/ BBonn 10	If so, specify  (Signed)  M. D.
(1)	20. FILED 19 Told Registrar.	(Address) Atomstow Md
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1943	STATE	OF M	MARYLAND	-CERTIFICATE	OF	DEATH	69493
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UP	1. PLACE OF DEATH	92-20
OCCUP	county Washington	Registration Dist. No. 30/
- /	Village or city Mager stown	No. Virginia Flve, st, Ward
t of	Length of residence in city or town where death occurred yrs	death occurred in a helpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
statement	2. FULL NAME TYS EVO B. S. T	)   owe
ate	(a) Residence: No. Y Y Q Y Q Y Q TF Ve —	
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Tug 30  (Month) (Day) (Yeer)
assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of home as C. Roseve	22. I HEREBY CERTIFY That I attended deceased from  Live 16, 19 \$ 20 aug - 38. 19 37.
properly cl	6. DATE OF BIRTH (month, day, and year) 0 0 - 1860 7. AGE Years Months Days If LESS than	I lest sew h Lace elive on
properl certifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
be of	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEPER, etc.	Or stamast.
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
t it	kind of work done, as SPINNER SAWYER, BODKKEEPER, etc	
se	-12. BIRTHPLACE (city or town) Williams Part	Other Contributary Causes of importance: Other alor head ducese
terms,	II 13. NAME (- B. W Snyder	
ain te	14. BIRTHPLACE (city or town) VV 11/19 VV 2011	Neme of operation Date of
4ª .	# 15. MAIDEN NAME Catherine Glaze	What test confirmed diagnosis? Was there an autopsy?  23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
DEATIF in y important.	16. BIRTHPLACE (city or town) Walkeysuile  (State or country)	Accident, suicide, or homicide? Date of injury, 19
AA	17. INFORMANT TOMAS C. Rowe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E OF D is very	18. BURIAL, CREMATION, OR REMOVAL  Place  18. Date 200 Y 1 1932	Manner of injury
CAUSE TION is	TX On	Nature of injury
T	19. UNDERTAKER HALL CALL MAN (Address)	24. Was disease or injury In any way related to occupetion of deceased?  If so, specify
介	20. FILED & Aug. 34, 19.32 6. 6. Rickard Registrar.	(Signed) Williamsfort M.D.  (Address) Williamsfort M.d.
nord.	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		À	
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year
		State of the same of the same	

y 1

V. S. No. 1

	CERTIFICATE OF DEATH 09194
1. PLACE OF DEATH	92-0
County (Nashington	Registration Dist. No. 303
Village or City Mean Clausping	NoSt,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4.2yrsmos	7ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Lamuel Lice 110	owl
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DEFORCED (write the word)  Married 1	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of GOVERNOR OF THE PROPERTY OF T	
Letter 1. Nowe	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) /- 2- 1852	I last saw from alive on the grant of the saw from the sa
	1.10
	to have occurred on the date stated above, at 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
\$0   \$   \$   1 day,min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harmen SAWYER, BOOKKEEPER, etc.	1, Chrone Valorenas
SAWYER, BOOKKEEPER, etc.	Hart Dissease
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	
SAW MILL, BANK, etc	
this occupation (month and 4 - 1929 spant in this occupation for year)	
your	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Ofower  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Land Was there an autopsy?
15. MAIDEN NAME Mary Lice.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) All the second of the second	Accident, suicide, or homicide? Date of injury, 19
(State or country) Wyknow	Where did injury occur?
17 INFORMANT George Rown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Clearening Mel.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Lalor France Date 8-14 1952	Nature of injury.
Bickerella Comad	14.5
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify from the specific of the specif
20. FILED aug. /2 19 32 ) u Munuay	(Signed)
No OSTON Registrar	(Address) Call Manuag Man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	(3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

Supplied.

certificate.

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	6	1	11	5
17	J	2	~	سال

1. PLA	CE OF DEAT	1 -	_		(162)			
Coun	ity / achy	upa los	~			Registration	Dist. No. 30	02/
	ge or City 6	deur	ville	wrs 9 mos	NoNo		AE instead of street s	Ward number)
	11	Vares	111	1	lisill /		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	L NAME Residence: No.	6 hour	(Usual place	und	St., Ward.	16 nonresidos	nt give city or town	and State
PEI	RSONAL AND	STATISTIC			MEDICA	L CERTIFICAT		
3. SEX	4. COLOR			RIED, WIDOWED,	21. DATE OF DEAT			•
Mal	e sh	ite	OR DIVORCE	D (write the word)	2-10192-1011	(Month)	(Day)	, 193 2 (Year)
5a. If marrie HUSBA (or) WI		đ			22. 1 HERE	EBY CERTIF		
S DATE OF	BIRTH (month, day, a	1851			I last saw h aliva o			
7. AGE	Years 8	Months	Days	If LESS than I day,hrs.	to have occurred on the date			
8. Trad	de, profession, or partikind of work done, as SAWYER, BDDKKEEPE	SPINNER,	Petired	Tarmer	were as follows:	ol mutu	real	Date of onset
400	ustry or business in w work was dona, as SIL SAW MILL, BANK, atc.	K MILL,			Rosentions	old age. My	further in	. <del></del>
	e deceased last worker this occupation (month yaar)	and	spe	ime (years) nt In this upation	U			
	LACE (city or town)	Maple Varle	ville	ud	Dther Contributory Causes o	of importance:		
13. NAM	ME David	. Ru	Lisie					
	FHPLACE (city or town (State or country)	Maple	wille		Nama ef operation		Date	of
1		vrusu	1 1	nd	What test confirmed diagnos	sis?	Was there	an autopsy?
16. BIRT	THPLACE (city or town (State or country)	Near	mafile	in a	23. If death was due to extern  Accident, suicide, or homicide  Where did injury occur?	de?		
17. INFORMA	ANT Must	hewn	Succes	embenger ud	Specify whether injury occu	(Specify city or red in INDUSTRY, In F	or town, county and IOME, or in PUBLIC	State) PLACE.
18. BURIAL, Place	Tohrney	Grave	yal an	7-23 ,1932	Manner of injury			
19. UNDERT	AKER Ligo Hess)  8-2/5	ida o	from houth	ged Gowersh	24. Was disaase or injury in  If so, specify  (Signed)	any way related to occur	pation of deceasad	nay M.D
20. FILED		- W.		Registrar.	(Address)	acting (	Corene	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RTRIAU	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING AGE should be B.—WRITE PLAINLY, WITH UNFADI

V. S. No. 1

ż

1.	PLACE OF	STATE (	OF MAR	YLAND—	CERTIFICATE OF DEATH	96
	CountyW	shingten  Williams  dence in city or town where	11	TA	No. 8— S. Meristration Dist. No. 3 O. No. 8— S. Meristration Dist. No. 3 O. No. 6 Comments to the state of street and number ds. How long in U.S. If of foreign birth?	
2.	FULL NAI	ME Augusti	is Charl	es Ruthr		. 14 (0)
Derkentild	PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
'n	ile	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH  Aug 3. 1932	Year)
5a.	If married, widow HUSBAND of (or) WIFE of	Susie Edwa		1067	22. I HEREBY CERTIFY. That I attended decease	
6. D	ATE OF BIRTH	month, day, end year)	ine 19.	1863	I last saw halm alive on august 3 1, 1932; deat	h is said
7. A	69	1	15	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ofonset
OCCUPATION	Industry or l work wes	ssion, or particular york done, es SPINNER, BOOKKEEPER, etc business in which s done, as SILK MILL, L, BANK, etc	life		Courning Thumbus. 73	Ber
	this occupyear)	750	ryland	ime (years) nt in this life upation life	Other Contributory Causes of Importance:	
-	(State or cour	ntry) /	nrauff		Culuio Schemens 15	30
FATHER	14. BIRTHPLACE (State or	(city or town) Pel	nna		Name of operation Dete of What test confirmed diagnosis? Wes there an eutops	/?
MOTHER	15. MAIOEN NA	ME Mary H	ouser		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
10	16. BIRTHPLACE	(city or town)P	nna		Accident, sulcide, or homicide?Date of injury,	9
	(State or	rs A.C.Rut	hrauff		Where did Injuty occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.		Williamsp	ort wa		Mannay of Injury	
		lliamsport	Date	1950-	Manner of injury	
19.			f, Willia		24. Was disease or injury in ony way related to occupation of deceased? 710	,
20.	FILED ALL	5	6. Ri	ctand.	(Signed) Milliamurfaul mol	M. D.
	U	If mor	e blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. V.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUELA			l l
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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09197

1. PLACE O	1. PLACE OF DEATH				(46) V		UJI.	0
County	Washingto	on	IMITE OF		R	egistration Dist. No	30 Z	_
Village or City Hagerstown (Iff.  Length of residence in city or town where death occurred 40 yrs. mos.				death occurred in a hor	Sunnit	Avenue ve its NAME instead of str	eet and number	
				gs. now lon	ig in U.S. if of foreig	gn dirtn?yrs	mos	ds.
2. FULL NA		Schne		St., Z-w				
(a) Residen	ice: No. 650 Si	mmit Ay	enue of abode)	St., Wa		nonresident give city or to	wn and State	
PERSONAL AND STATISTICAL PARTICULARS				MEI	DICAL CERT	IFICATE OF DEA	TH	
3. SEX			21. DATE OF		ust 22,	, 193	Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David M. Schnebly				22. 1 HI		ERTIFY That I a		
6. DATE OF BIRTH	(month, day, and year)	ctober 8	, 1856	I fast saw h				
7. AGE Yea 7 7		Days 14	If LESS than 1 day,hrs. ormin.	to have occurred on the PRINCIPAL CAL were as follows:			ce	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Washington County.			Selero	Sis Pr nknown;	wation unknow	R,		
(State or cou	243				me			
当. NAME		omer,						
	(city or town) Unki					Di		
15. MAIDEN NA	ME Mary Ke	ller.				IOLENCE) fill in also the f		J:
15. MAIDEN NAME Mary Keller,  16. BIRTHPLACE (city or town) Hagerstown,  (State or country) Md.					homicide?	Date of injury	, 1	19
17. INFORMANT Walter Schnebly (Address) Hagerstown, Md.				Specify whether inju	ry occurred in INDU	pecify city or town, county ISTRY, in HDME, or in PUB	and State) PLIC PLACE.	
18. BURIAL, GREMATION, OR REMOVAL Piacencar Hagers town Date Aug. 24, 19.32.				Manner of injury				
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.				24. Was disease or in	jury In any way rela	ited to occupation of decea	sed?	
20. FILED 8-	24,19326	Kosft	Registrar.	(Signed) (Address	s) Hag	extoun	no	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SDACE FOR	RHERHER	STATEMENTS	RY	PHYSICIAN
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MARGIN	
*	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPAof should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of × 国 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than to have occurred on the date stated above, at Months stated I day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset Trade, profession, or particular kind of work dona, as SPINNER, OCCUPATION Jo SAWYER, BODKKEEPER, etc.\_\_ e Industry or business in which back may should work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spant in this AGE that occupation .... instructions Other Contributory Causes of Importance: 08 supplied. in plain terms, FATHER See carefully What test confirmed diagnosis? MOTHER important. & If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur?\_\_ should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. very OF 18. BURIAL, CREMATION, OR Manner of Injury WRITE CAUSE mation Nature of injury. TION 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	A 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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9/15treune	Tuit Le V	an o				
/ /		mi				

S. No.

state infor

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.-The industry or business in which the work was done.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMEN	19 D	or Lu	ISICIAN
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# MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be earefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Washington	Registration Dist. No. 300
Village or City Titlestown Book	storo Scoule 2 St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME NAMA QUESTINAT	P.
(a) Residence: No. That the atmosphere	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of James & Smith	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March. 11-1892	I last saw h. LT elive on aug. 391, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 5.30 c.m.
40 5 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cere limb 26 marsh as a 16 dans
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and	
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city of twn) 3ttlestorm (State or country) 7/12	Other Contributory Causes of importance:  2 400.
I 13. NAME	andraigh as 4 hays
13. NAME  14. BIRTHPLACE (city or town) Wash Co  (State or country)	Name of operation Date of
15. MAIDEN NAME CAMILLE OF THE	What test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) 5 Cluster (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Sames S. Smith	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Date Dat	Manner of injury
19. UNDERTAKER TUM 3. Bast 450	Neture of injury 24. Was disaase or injury in any way releted to occupation of decaased? 26.
20. FILED Sept. 2., 193. 2—76 Usaw	If so, specify  (Signed)  (Addrass)  (Addrass)  (Addrass)  (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Chronic interstitial nephritis	1910	Run over by street car	1 week ago	
			1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DITIONAL S	ONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09201
1. PLACE OF DEATH .	(H) /
County Washington	Registration Dist. No. 300
Village or City & harpslung Pike R.F.D.	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sarah Relieve &	i te
(a) Residence: No. Charles town . W. Da	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew furth	22. I HEREBY CERTIFY, That I attended deceased from april 15, 19.32, to aug. 9, 19.32
6. DATE OF BIRTH (month, day, and year) may 29 1876	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.2.4 m.
56 2 /3   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronia Gastrilio Deteriores
SAWYER, BOOKKEEPER, etc.	Malignant Tumo of Panareon Apr. 1972
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	acute dilatation of Heart any 1/1932
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Le Herre Co. wva.	Other Contributory Causes of importance:
(State or country)	August la Filippata 1927
13. NAME Phillip L. Henry	Ded fore è cellulitio /wk.
13. NAME Phillip &. Herry 14. BIRTHPLACE (city or town) J. J. J. L.	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Clerical Was there an autopsy?
15. MAIDEN NAME Cecelia Custer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cecelia Custor	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) R + D. Crailes Journ W	Specify whether injury occurred in INDUSTRY, in HOME, or In PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charles South WY Date Cing /3 1932	Manner of Injury
Place Charles Journ W. Date Using 12, 1932	Nature of injury
19. UNDERTAKER JERO J. Dailey (Address) Bruns wick ma	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 29 3 , 193 - Elgy - Balls Saura.	(Signed) S. Polist Wells M. D. (Address 15 22 Polist Wagner Town June)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CEVEDEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09202
1. PLACE OF DEATH	72-0
and teller than the	Registration Dist. No. 37
County Washing how	Registration Dist. No.
Village or City 2009 Enotoru	No. 7/ Acrosound ave, 4 Ward
20	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurredmos.	ds. How long in 6.5. IPO Foreign Diffit:
2. FULL NAME O Eury of	Mercon
(a) Residence: No. 37 Fairmonum a	10x, 4 Ward.
(Usuri place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Will warreld	(Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of	(Worth) (Day) (Yoar)
HUSBAND of CON MITTE OF PARTY OF THE PARTY O	22. LEREBY CERTIFY, The lattended deceased from
The the settleson	8/12 1932 1/2 1931
6. DATE OF BIRTH (month, day, and year)	lest saw hour alive on 8/12 19 32 death is said
7. AGE Years North's Days If LESS than	to have occurred on the date stated abovo, a 18, 30 am.
1 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance
OS or nain.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carelad dumentha 1/2 3/12-32
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and spant in this 4/15)	
year) occupation 7.470	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town). Oscultastrum	arterio-Acles 5:5 (?)
(State or country)	and the state of t
13. NAME - SINON Stevenson	
1-1-1-1-	
	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ouvelly and	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
Markalennal Stringung	(Specify city or town, county and State) /Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT AND CONTROL OF CONT	
18. BURIAL, CREMATION, OR REMOVAL	Manage of injury
Place Cartetuw Date 1/0 1932	Manner of injury
	Neture of injury
19. UNDERTAKER COUNTY TOUS	24. Was disease or injury In any way releted to occupation of deceased?
(Address) of apersoure ma	If so, specify
20 FILED 8-14-132 Chast Bowers	(Signed) Parker D. Heiller M. D.
Registrar.	(Address) Hage Stown Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	1.
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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BINDING

MARGIN RESERVED

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example H	
S Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	•;	1 , 1
production of the second	Other contributory causes of importance:	100
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Allack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TARVAVAAAAATAA	DI SECIE	7 070	T CALL TATALL	DATE THE PROPERTY OF THE	20 1	T TI Y DI CITIA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 69204		
1. PLACE OF DEATH	(184)		
County NASH.	Registration Dist. No. 304		
Village or City/VEAR HANCOCK	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long In U.S. if of foreign birth? yrsmosds.		
2. FULL NAME / FP YYOOD / EBR	ASKA. DWISHER		
(a) Residence: No. 11/ MAINST HANCE			
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) APR 19 1911			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 m.		
21 3 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or particular	were as follows:  Come to his Abouth by Date of onset		
kind of work done, as SPINNER OF SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL	Slipping and accidental		
9. Industry or business In which work was done, as SILK MILL.  SAW MILL, BANK, etc	Deschonge of our		
SAW MILL, BANK, etc	on amera con Fruit Grows		
Mal Capación	Other Contributory Causes of importance: Orchard		
12. BIRTHPLACE (city or town) Aller as (State or country)	neus Hancock ma,		
13. NAME & Down her.			
14. BIRTHPLACE (city or town)	Name of operation		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Our bara of hade:	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Pa,	Accident, suicide, or homicide? Date of injury, 19		
State or country)	Where did injury occur?		
17. INFORMANT Das bera Frade Devistey	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Acces Cocks True			
Place Duck & Velley Bate 8/1/ 1935	Manner of Injury		
19. UNDERTAKER I Pleus Eine O	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Level C16, the	If so, specify		
20, FILED 819 1937 Il Centre	(Signed) House Sile act on M.D.  (Address) Hence Cla And		
	2411 N. Charles Street Baltimore, Requesting 71 S. No. 1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDAU V.S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Man and Margaret Limite of	Registration Dist. No. 30 2
Village or City Hago 15 Youn	No216 N. Locust St. 4 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in, U. S. if of foreign birth?yrsmosds.
TWO B - 1	
(a) Residence: No2 16 N- Locust	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Hug 6  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Frederick H.	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Soloh 24-1884	lest saw net alive on ling 5 1932; death is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 5. H.m.
46 10 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewaye, SAWYER, BOOKKEEPER, etc.	Hyperkensige & Rephitic Date of one of
SAWYER, BOOKKEEPER, etc. 1 OUS RUN X - Q - 9, Industry or business in which	" Hear disease !
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or Swn) MQ y Y's ns bure	Other Contributory Causes of importance:
(State or country)	Hyleten syon
# 13. NAME Davide Drander burg	
13. NAME 13 OV: AS Sander Durg	Neme of operationDate of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME + ISYEME U. VYELY	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Florence V. Welky 16. BIRTHPLACE (city or town) May to Ms burg	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Y NEST CO I NOWN DEONG (Address) Hager Stown III	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL TITTED FLOR & 132	Manner of Injury
Place V.V. G.L.V.S.L. U.W. Date 192	Nature of injury
19. UNDERTAKER TO CONTROL (Address) Have to un Ma	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 8 = /- 1932 Black Society Registrar.	(Signed) Mulip To Address) M. D. (Address) LOLN FOROMERS AND STATES
If more blanks are needed address State Registrar	2228 N. Charles Street Relimore Perusiting TI S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	1		

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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### PLACE OF DEATH STATE OF MARYLAND County Washing CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME it.of street and stead number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) .. (Day) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE S OF FATHER Causing Death, or, in the Disease RENT Vident Causes, state (1) Means of Injury and (2) Waether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER (State or country Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At sehool, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oeworked on may form part of the second statement. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer, (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synpnym is "Epidemie cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile,", ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease stated unless important American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping eough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Caneer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi Chronic Example: Measles (disease chopneumonia (secondary). The n ture of the injury, ete. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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1. PLACE OF DEATH .  County Cashing	ton 1	Registration Dist. No. 3 80
Village or City Man SW		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Thilt	5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED Awrite the word)	21. DATE OF DEATH 24 , 1982 (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days   If LESS than   1 day,hrs.	22. I HEREBY CERTIFY, That I attended deceesed from  1932, to 2007, 1932  Viast saw h 2002 alive on buggers. 74, 1932; death is said to have occurred on the date stated bove, et 150 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc	11. Total tima (years) spent in this occupation	Date of onset  Date of onset  Date of onset  Description of the light
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	and on Co anstown coma carder of brown Juriar	Name of operation Date of
19. UNDERTAKER (Address)  20. FILEBOOK 1 26., 1932	Note 8-28 1932 Nout Co Ville mel J Boyne Registrar.	Menner of injury  Nature of injury  24. Wes diseese or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Securo Loss, M.D.
1		(Address) Zaul Cur, M. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		ter e grand	dig-

ADDITIONAL SI	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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## STATE OF MARYLAND—CERTIFICATE OF DEATH

U	9	2	U	5

1. PLACE OF DEATH		73-0	
County Washing	GRATE LIMITS OF	Registration Dist. No. 30	6
Village or City Hagersto	wn	No. 430 Carrolton Avenue St., of death occurred in a hospital or institution, give its NAME instead of street and	Ward Ward
Length of residence in city or town where dea	th occurred 50 yrsmos	ds. How long in U.S. it of toreign birth?yrs,r	nosds.
2. FULL NAME Willia	am J. Valentine	٠	
(a) Residence: No. 430 C	arrolton Avenue (Usual place of abode)	St., 3 Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	i. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  August 17,  (Month) (Day)	, 193.2 . (Year)
5a. If married, widowed, or divorced HUSBAND ot Katie Val	entine	22. I HEREBY CERTIFY, That I ettender  Out 10 ,1932, to aug 17	deceased from
6. DATE OF BIRTH (month, day, and year) Sep	tember 6, 1859	I lest saw h elive on	death is said
7. AGE Years Months 72 11	Days It LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:40 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es tollows:	
8. Trade, protession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	uilding	artenosclerorio	Oata of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	ontractor		
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		***********
12. BIRTHPLACE (city or town) Frederi	k County	Other Cantributory Causes of importance:	
(State or country) Nd.	lentine	acute delitation Heart	8/16/3
	derick County	Name of operation Date of Was there an	
15. MAIDEN NAME Sarah Wh	itmore	23. If deeth was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Sarah Wh 16. BIRTHPLACE (city or town) Frede (State or country)	rick County	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17. INFORMANT Katie Valen (Address) Hagerstown		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md		Manner of injury	
19 UNDERTAKER Fred W. Kra. (Address) Hagerstown.	iss,	24. Was disease or Injury in any way related to occupation of deceased?	4
20. FILED 8-19-, 1326k	all Bower. Registrar.	(Signed) A. d. Porterfiele  (Address) 136414 ashin	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ſi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- 199AE03M	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of

TION is very amportant.

N. B.—WRITE PLAINLY,

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1,	0	1)	1 1	9	
U	J	4	V	J	

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
MUMIN ROBERT FIRMS	
Village or City Hageslows	No. 150 E Morell St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby girl Warner	
	- 1/
(a) Residence: No. 130 E (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7 9m OR DIVORCED (write the word)	aug 7 10232
1 days	(Year) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	aug 7 1932 10 aug 7 1932
6. DATE OF BIRTH (month, day, and year) and 7 1932	Hast sawh alive on Slellhory 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Stillbory 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
o kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Sullbuth
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and spant in this	
yaar) occupation	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Hazliston	Silicit straints of miportaines
(State or country) Mid.	
13. NAME Charles Carred Warner	
14. BIRTHPLACE (city or town) pagestons	Nama of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Virginia Chaw  16. BIRTHPLACE (city or town) Hage stown	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Hagesstown	Accident, suicida, or homicide? Date of injury, 19
S (State or country)	Where did Injury occur?
17. INFORMANT mother mus chas, Warney	(Specify city or town, county und State) Spocify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Premises Date 8/7 1932	Natura of injury
7.	
19. UNDERTAKER None	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 8 - 199 2 BROUT Forces	(Signed) M. D.
Registrar.	(Address) 1.5 k w washington the

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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BUREAU V.S.	•		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		HOLDER DE LA COMPANION DE LA C	

ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County WISHAM OF CITY OF THE PROPERTY OF THE	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Data Market Gastre and number)  Length of residence in city or form where death coggred. 11. most of Board Ing. 10 U.S. if of foreign birth? 11. most of Boar	state UPA	1. PLACE OF DEATH	(46)V
Village or City. Data Market Gastre and number)  Length of residence in city or form where death coggred. 11. most of Board Ing. 10 U.S. if of foreign birth? 11. most of Boar	of mid	County Washington	Registration Dist. No. 307
Length of residence in city or flow where death opagred yet mon	8.8		ND. St. Ward
2. FULL NAME AS A William Weaver  (a) Residence to.  (b) Ward.  (c) Residence to.  (d) Residence to.  (e) Residence to.  (d) Residence to.  (e) Residence to.  (d) Re	= 0		
(a) Residence for (Unsulphes of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SIMMET HARRIED, WHENTED, WH	AN	Donas ALCINI ALCO	. A & .
3. SEX 4. COLOR OR RACE 5. SINGER SWINTERD, PREPORTED OR BYONGED (Circles wide)  Sold Marked of dispressed and proceed on by Organization of the process of	ICI Em	The state of the s	
3. SEX 4. COLOR OR RACE 5. SINGER SWINTERD, PREPORTED OR BYONGED (Circles wide)  Sold Marked of dispressed and proceed on by Organization of the process of	RD YS		
Maried, widowed, or divorced    Sa.	PH let		
THE DATE OF BIRTH (month, day, and year) AND	RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED,	
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EL BY STATE OF BIRTH (month, day, and year)  7. AGE  Years  Mospins  Days  If LESS than I day, and year of large in the course of importance o	T. T. Ifed	5a. If married, widowed, or divorced	(month) (Day) (Tear)
EL BY STATE OF BIRTH (month, day, and year)  7. AGE  Years  Mospins  Days  If LESS than I day, and year of large in the course of importance o	IAD A C assi	(or) WIFE of Dworda	1 HEREBY GERTIFY, that I attended deceased from
TAGE  Years  Months  Days  II LESS than I day	CXZ.	C DATE OF DIDTH (month day and ward ) 10/65	Life saw h (1) A slive on (1) A slive on (1)
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SHAPER BORNER AS SHANER  SAWYER BORNEREPER etc.  ASSAYER, BORNEREPER etc.  ASSAYER, BORNER SAYER, BORNER  SAWYER, BORNER SAYER, BORNER  SAYER, BORNER SAYER, BORNER  SAWYER, BORNER SAYER  SAWYER, BORNER SAYER  SAWYER, BORNER SAYER  SAWYER, BORNER SAYER  SAYER, BORNER SAYER  SAWYER, BORNER SAYER  SAWYER, BORNER SAYER  SAYER, BORNER SAYER  SAWYER, BORNER SA	ate ope		The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9. Inclustry or business in which was without this occupation (month and part occupation) and part occupation (state or country)  12. BIRTHPLACE (city or town) part occupation (state or country)  13. NAME  14. BIRTHPLACE (city or town) part occupation (state or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) part occupation (state or country)  16. BIRTHPLACE (city or town) part occupation (state or country)  17. INFORMANT (part occupation) part occupation (state or country)  18. BURIAL, CRIPTHENDER, City or town) part occupation (state or country) part occupation (state or country) part occupation (state or country)  19. Manuel of operation.  10. What test confirmed diagnosis? Now was there an autopay? Now there dis injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CRIPTHENDER, City or town) part of discusses (VIDLENCE) fill in also that following:  19. Manuel of injury (Specific or town, country and State)  19. Manuel of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Accident, suicide, or homicide? Specific or town, country and State)  19. Where dis injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Accident, suicide, or homicide? Specific or town, country and State)  19. Where dis injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Accident, suicide, or homicide? Specific or town, country and State)  19. Where dis injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  20. FILED B. C.	**	8 Trade profession or particular	were as follows:
9. Inclustry or business in which was done or with this occupation (month and 2 mo. 11. Total time (years) span in this sam will be deceased last worked at this occupation (month and 2 mo. 12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  16. BIRTHPLACE (city or town).  17. INFORMANT  18. BURIAL, CROSHAURA  19. DATE of injury.  19. UNDERTAKER  (Address).  19. 32. BORNELLO A. BORNE	-	SAWYER, BDDKKEEPER, etc. Labolly	1
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DUTY OF THE PROPERTY Cases of Proportance:    Securption   State or country   State or co	Sho it n	SAW MILL, BANK, etc.	Valdenonia 8/01/male minion
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL (REPHAREMOVAL  Place DA HASIA  (Address)  19. UNDERTAKER  (Address)  20. FILED DE PARA  12. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  Name of operation  What test confirmed diagnosis?  Name of operation.  What test confirmed diagnosis?  Name of operation.  What test confirmed diagnosis?  Name of operation.  Name of operation.  What test confirmed diagnosis?  Name of operation.  Name of operation.  Name of operation.  Name of operation.  N	IE at i	spont in this	4
Name of operation Was there an autopsy? 10.  HILL HARTHPLACE (city or town) Was there an autopsy? 10.  HILL HARTHPLACE (city or town) Was there an autopsy? 10.  15. MAIDEN NAME Arch by James Accident, suicide, or homicide? Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  17. INFORMANT LOCAL BY THE MARKET OF THE MARKET	AG AG ion	2 0	Other Contributory Causes of importance:
Name of operation Was there an autopsy? 10.  HILL HARTHPLACE (city or town) Was there an autopsy? 10.  HILL HARTHPLACE (city or town) Was there an autopsy? 10.  15. MAIDEN NAME Arch by James Accident, suicide, or homicide? Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  17. INFORMANT LOCAL BY THE MARKET OF THE MARKET	d.		MI LAND WANDLE LEW ON A TINKING
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What test confirmed diagnosis? Was there an autopsy? 10-  What test confirmed diagnosis? Was there an autopsy? 10-  What test confirmed diagnosis? Was there an autopsy? 10-  What test confirmed diagnosis? Was there an autopsy? 10-  23. If death was due to external causes (VIDLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of injury where distingury occur?  (Specific city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Applies Many Magnet State 2, 1932  19. UNDERTAKER A CARLES 1932  19. UNDERTAKER A CARLES 1932  20. FILED BEALE 1932  Date of injury Nature of injury Nature of injury Nature of injury (Signed)  21. Was disease or nighty in an way related to occupation of deceased? 100  11. INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Applies Many Magnet State 2. Was disease or nighty in an way related to occupation of deceased? 100  21. Was disease or nighty in an way related to occupation of deceased? 100  22. Was disease or nighty in an way related to occupation of deceased? 100  23. If death was due to external causes (VIDLENCE) fill in also tha following:  Accident, suicide, or homicide? Accident, suicide, or homicide? Date of injury occur?  Specify whether injury occur?  Nature of injury Nature of injury in an way related to occupation of deceased? 100  24. Was disease or nighty in an way related to occupation of deceased? 100  25. Gigned Manner of injury in an way related to occupation of deceased? 100  26. Gigned Manner of injury in an way related to occupation of deceased? 100  27. Was disease or nighty in an way related to occupation of deceased? 100  28. Was disease or nighty in an way related to occupation of deceased? 100  29. Gigned Manner of injury in an way related to occupation of deceased? 100  20. Filed Mean and the country in an way related to occupation of deceased? 100  21. Was disease or nighty in an way related to occupation of deceased? 100  22. Was disease or nighty in an way related to occupation	D # + "	E A A A A A A A A A A A A A A A A A A A	Name of operation 1099
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Where dist injury occur?  (Specify or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  17. INFORMANT / COUNTY AND	Trans.	To 16. BIRTHPLACE (city or town)	
TI. INFORMANT MADE TO A Specify whether improve curred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) TO A SILVA WITH TO A Specify whether improve curred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) How the second of the secon	7 9 9	(State or country)	Where did injury occur?
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20, FILED & Epst 2, 1932 Cornelius A. Castle (Signed). (Address)	KI tion US US	Prace such a grant specific such as 195 -	Nature of injury
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURYAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial no	A CONTRACTOR OF THE PARTY OF TH	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Str 7 1932	July 5,1927	Peritonitis	3 days ago	
	BURBAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	de la companya de la	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriaselerasis CEIVEO	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDIT	IONAL SPACE FOR FU	IRTHER STATEMEN	TS BY PHYSICIAN	
				26

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	(167)
county Washington	Registration Dist. No.
Village or City Cag Costoria	No. / 31 6 Avaullin St. & Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Y . a do . 741 7	ds. How long in U. S. if of foreign birth?yrsmos, ds.
2. FULL NAME TINE WWW Y	oung
(a) Residence: No. 1 81 E H Mullistant (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (words the word)	21. DATE OF DEATH
98. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Corn WIFE of Council	22. STHEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) July 8 1893	I last saw her we on 8/1/19 3 2 death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated abova, at 12 30 ml.
37 / 13   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Shinsfort Mound Date of onset
SAWYER, BOOKKEEPER, etc.	in fready fluted
9. Industry or business In which work was done, as SILK MILL, BOW - Low Stones SAW MILL, BANK, etc.	by hurself June
0 10. Data deceased last worked at 2 / 11. Total tima (years)	
this occupation (month and yaar) spent in this occupation occupation	)
La RIPTURI ACT (STORAGE LANCE) LA MARIE CON	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME WWW VE HIS PLIST	
13. NAME (Country)  14. BIRTHPLACE (city or town)  (State or country)	Nama af operation Date of
(State or country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Cliva Vails	23. If death was due to external causes (VIOL ENCE) fill la also the following
16. BIRTHPLACE (city or town). Centre (construction)	Accident, suicide, or homicide? Alexander of injury 8 121, 19 3
E (Stata or country)	Where did injury occur? Shaperstone
17. INFORMANT Velley Dungar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury June 1
Place Hapsing tong Date Tel, 1932	Nature of injury Hound in frad
19. UNDERTAKER Commenter Sources (Address) Nagerthern Aug	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 8-24-19326 Kost Bowe	(Signed) Aufful of Five wing.
Registrar.	(Address) Clary Control
if more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting TV. S. No. 1.

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